

## February 2013 Work Group Recaps:

### Work Group 1 Telecommunication

#### Ballots:

- WG010057 Telecommunication Standard version E.2 (DERFs 001086, 001088, 001089). The ballot was valid at 74.86% of the consensus group voting. There were no negative with reason votes. There was one public comment accept with comment. The ballot will proceed to the Board of Trustees for approval after the required appeal period.

#### Data Element Request Forms (DERFs) (see DERF Resolution at [http://www.ncpdp.org/members/members\\_wg\\_info.aspx?wgid=wgmc](http://www.ncpdp.org/members/members_wg_info.aspx?wgid=wgmc)):

- DERF 001080 This DERF requests, "Multiple changes to The Telecommunication Standard to support the following business needs: (i.) To enhance the NCPDP Telecommunication Standard's support of the Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategies (REMS) programs, (ii.) To enable the NCPDP Telecommunication Standard to support the reporting of medications to a Prescription Drug Monitoring Program (PDMP) via a switch or intermediary, (iii.) To enable the NCPDP Telecommunication Standard to support the exchange of information between a provider and a switch while minimizing the data which is delivered to a payer on a billing transaction." In August and November, the DERF was pended for more input from membership, more review, and completion of sections. In February, the DERF was approved as modified. The DERF will proceed to ballot.
- DERF 001091 This DERF requests "Texas House Bill 1720, 82nd Legislature, Regular Session (Section 531.024161) requires that the National Provider Identification (NPI) number for both the referring/ordering prescriber and the supervising prescriber be on Medicaid claims when the referring prescriber is supervised or directed by another prescriber. This is effective September 2012, but currently the NCPDP D.0 format does not allow for the inclusion of two prescriber NPIs." In November, the DERF was pended for WG1 Definition of a Valid Prescriber Task Group to work through field needed, situations, rejects, and matrix needs. In February, the DERF was pended.
- DERF 001108 This DERF requests, "A new Data Element (Dispensing Frequency) for a future version of the Telecommunication and Post Adjudication Standard as well as the Universal Claim Form to eliminate the need for the use of the Submission Clarification Code (420-DK) for LTC appropriate dispensing (short cycle). The Dispensing Frequency field will not be a repeating field. This DERF will also sunset Submission Clarification Code Values of 21-36 for the future version." The DERF was withdrawn by the submitter and will be resubmitted in the future.

#### Old Business:

- **NCPDP Strategic National Implementation Process (SNIP) Committee** has worked on HIPAA – Round 2 lessons learned. They will discuss educational opportunities for compound/specialty pharmacy entities. They will spearhead further notification and education to industry on the upcoming requirement to support Quantity Prescribed in Telecommunication version D.0 billing transactions (see more information under "Updates" below).
- A HIPAA Standards, Operating Rules, and regulations update was given.
  - NCPDP recommendation to Centers for Medicare and Medicaid Services (CMS) Office of e-Health Standards and Services (OESS) to publish federal rulemaking to notify the industry to allow the conditional use of field Quantity Prescribed (460-ET) in the billing transactions in Telecommunication Standard Implementation Guide Version D.0. (See DERF 001097 for background).
- Data Standards Maintenance Organizations (DSMO) Change Request 1182 submitted by NCPDP was approved based on the November approved DERF 001097/Emergency ECL (External Code List) 000131 that recommended that an existing field, Quantity Prescribed (460-ET) which is currently not used in the Telecommunication Standard be reactivated with approval from the OESS. Note that this field would be required for Part D Schedule

II Controlled Substance claims; however the use of this field is not limited to Part D claims only.

Task Groups:

- The **Telecommunication FAQ Task Group** did not have any questions and did not meet this quarter.
- The **Coordination of Benefits Task Group** brought forward the task group recommendation to questions received.
- The **Financial Information Reporting Task Group** has published a white paper on plans that change processors and the impacts with routing and reporting. They are discussing non plan of record processing and new questions received. They will be creating a Financial Information Reporting (FIR) Editorial document from questions received.
- The **Information Reporting Problems Task Group** has finalized a white paper on the problems in exchanging enrollment data that affect claims and information reporting in Medicare Part D processing.
- The **Post Adjudication Task Group** did not meet this quarter.
- The **Audit Task Group** discussed enhancements to the standard based on the pilot and suggestions from the WG1 Definition of a Valid Prescriber Task Group.
- The **Safe Use Processing – REMS Task Group** submitted DERF 001080 for the enhancements to the Telecommunication Standard for intermediary support and reporting to REMS and PDMP entities.
- The **Definition of a Valid Prescriber Task Group** brought forward questions to be included in the Version D Editorial document. The task group is building a white paper of recommendations and gaps. They have been working with CMS on National Provider Identifier (NPI) enrollment questions. They will be sending a letter to CMS requesting to delay the enforcement of Medicaid Ordering/Referring Provider Enrollment requirements to allow for the development of streamlined electronic solutions that will mitigate patient care risks.
- The **Supplemental Payer Reporting Task Group** is working on reports to assist supplemental payers on Information Reporting transaction statistics and follow up needs.
- The **Eligibility Verification Enhancements Task Group** discussed enhancements to the Transaction Facilitator website. They are discussing eligibility verification exchanges where the pharmacy has old beneficiary identification information and is requesting current information.
- The **Service Billing Task Group** did not meet this quarter but will discuss combining product and service claims.
- The **Compound Billing Solutions Task Group** has discussed questions received and brought forward recommendations for the Version D Editorial. They are working jointly with WG10 Specialty and Compound Task Group.
- The **Transaction ID Task Group**, formed based on DERF 001090 and question D-Eighty-Four.b of the WG1 Telecommunication FAQ Task Group to examine further use of a unique transaction identifier for all Telecommunication Standard transactions, met to begin their work. They brought forward a request to the industry to examine Reversal rejection scenarios.
- The **Appendix G Task Group** reported that they have begun reviewing the Telecommunication Standard Implementation Guide's "Appendix G. Two Way Communication to Increase the Value of On-line Messaging" to update.

New Business:

- **Vaccine Services Task Group** was formed based on the recent NCPDP focus group.

Work Group 2 Product Identification

DERFs (see DERF Resolution at

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

- DERF 001109 This DERF requests “Update BUS to add an FAQ to clarify the billing unit for non-drug items packaged as pairs or multiples, modify FAQ 7.30 to clarify “free” products and provide examples and modify FAQ 7.21 to clarify the each is per device (injector) and reference back to Sections 4.3 and 5.6 of the BUS”. It was approved with one modification.

Task Groups:

- The **Structure Product Labeling Activities Task Group** tracks the activities of the SPL, offers suggestions to improve access and usability of the FDA Structured Product Label and Electronic Drug Listings, and monitors the work of the Guiding Coalition for feedback to the work group. This task group met during the work group meeting. The Coalition has sent 15 letters to the FDA and is working on five others letters:
  1. Product Information Alignment
  2. Brand Name Pronunciations in SPL
  3. Manufacturer Conformance Areas
  4. Add Products Labeled as “Sample” to SPL
  5. Add “narcotic” identifier to SPL for Schedules 2 and 3

The Product Information Alignment and Brand Name Pronunciations in SPL letters were finalized and approved by the work group. Based on the recommendation to add the NCPDP Billing Unit to the index file of the SPL, the first batch of NCPDP billing units for about 40,000 NDCs were posted to DailyMed on February 6, 2013.

- The **Product Review and Billing Unit Exception Task Group** is reviewing the exceptions within the Implementation Guide and issues that result from changes to existing products or release of new products.
  - Reviewed ten QUIC forms
  - Submitted a DERF to add an FAQ to clarify the billing unit for non-drug items packaged as pairs or multiples, modify FAQ 7.30 to clarify “free” products and provide examples and modify FAQ 7.21 to clarify the each is per device (injector) and reference back to Sections 4.3 and 5.6 of the BUS.
  - Working on potential updates to the BUS to provide guidance on handling of inner packages within a kit. “How do you treat the individual components of a kit when they are not sold separately?” DERF for May 2013 meeting will be submitted.
  - The subgroup formed to perform quarterly reviews to identify and resolve incongruent package sizes between compendia has resolved 182 items and is working on another set of products.
- The **NCPDP Product Identification Standard Task Group** has completed the draft of the NCPDP Product Identification Standard. It will be posted to the NCPDP Work Group 2 page and an announcement sent to the NCPDP membership via the NCPDP NOW asking for review and comment. A DERF will be submitted for the May 2013 Work Group meetings.
- The **SPL REMS Requirements Task Group** is gathering the data needed to develop a template for pharmaceutical manufacturers’ use when electronically submitting all the reporting components for REMS programs to a central repository (DailyMed) via the FDA’s Structured Product Labeling system. There was a January 25, 2013 meeting with the FDA’s Office of Planning and Analysis to determine the status of the FDA efforts and discuss next steps. Following the February 2013 work group meeting, a work plan outlining next steps will be developed between the FDA and NCPDP. Stakeholder involvement is anticipated to ramp up shortly thereafter as the FDA plans for a public meeting on REMS standardization. NCPDP will work closely together with the FDA on REMS standardization efforts in the coming months, including efforts aimed at incorporation into the SPL.
- The **Dates Associated with Pharmaceutical Products Task Group** is investigating definition inconsistencies, involving government agencies to make them aware of the issues, and providing education on the importance via a white paper or other means. The group continues to investigate dates used throughout the industry.

- The **Evaluation of BUS's Billing Units Task Group** is gaining an understanding of the issues by looking at the unique attributes of patient administered products, identifying any challenges in the current BUS, reviewing billing and reimbursement processes for these products, identifying similarities amongst these products and reviewing past work on these products by Work Group 2 and Work Group 7. A presentation with speaker notes is in development to re-educate stakeholders regarding the Billing Unit Standard (BUS) and why it is important. An initial primary goal will be to leverage how the FDA promotes the BUS through NCPDP to make that the standard for CMS.
- An update on the joint **WG11 and WG2 Drug Description Task Group** was provided. See Work Group 11's meeting minutes.

New Business:

- QUIC Form Review:
  - **#201301 Retin-A Micro Pump Plus** - BU = 1 Each Kit per Section 5.1.1 of the Billing Unit Standard
  - **#201302 Avonex Pen 30 MCG/0.5 ML NDC 59627-0003-01** – Form was pended until there is more information on how we will define inner NDC and components and establish standard processes for these items
  - **#201303 Avonex Syringe 30mcg/0.5ml NDC 59627-0002-07** – Form was pended until there is more information on how we will define inner NDC and components and establish standard processes for these items
  - **#201304 Avonex Lyophilized Powder Vial Administration Dose Pack (inner) NDC 59627-0001-04** - BU = 1 EACH per Section 5.5.1 of the Billing Unit Standard
  - **#201306 Jentrol NDC 24856-0001-00** - BU=mL and a quantity of 0.2 per Section 5.2.2 of the Billing Unit Standard. Evaluate BUS for mLs to clarify if it is in frozen form or liquid form.
  - **#201307 PharmaSmart Blood Pressure Smart Card** - BU=EA and quantity=1 (per card) per Section 5.1.6 of the Billing Unit Standard
  - **#201308 BlueStar** - BU=EA and quantity=1 per Section 5.1.6 of the Billing Unit Standard
  - **#201309 Adasuve (loxapine) Inhalation Powder NDC 51097-0001-01** - BU=EA and quantity=1 (per pouch) per section 5.1.12 of the Billing Unit Standard (the carton of 5 units (pouches) = 5 EACH)
  - **#201310 Pulmicort Flexhaler NDCs 0186-0917-06 and 0186-0916-12** - approved with the stipulation that a DERF will be submitted to remove Pulmicort Inhalers and generics of Pulmicort Inhalers from Sections 4.3 and 5.6 of the Billing Unit Standard, update FAQ 7.23 to state that Pulmicort Inhaler (Flexhaler) is no longer listed as an exception since it complies with Sections 5.1.12 and 5.4.1 to be billed as 1 EA. QUIC Form #200703 Pulmicort Flexhaler 180 mcg/actuation and 90 mcg/actuation (NDC#: 00186-0916-12 and 00186-0917-06) will be updated on the website to link to this QUIC form.
  - **#201311 Gattex NDCs 68875-0102-01 and 68875-0103-01 - NDC# 68875-0102-01 KIT** should only be listed and not the inners (NDC# 68875-0101-02 and 68875-0101-01) - BU=1 Each (kit) per Section 5.5.1 of the BUS. **NDC# 68875-0103-01 KIT** should only be listed and not the inner (NDC# 68875-0101-01) - BU=1 Each (kit) per Section 5.5.1 of the BUS.
- Performed a Lessons Learned on the Billing Unit/Package Size changes and will develop a checklist to follow in the future to manage industry impact.
- Will resend the NDC Availability Letter and append the 2011 UDI with a cover letter to the FDA to reaffirm NCPDP position on NHRIC numbers.

Work Group 3 Standard Identifiers

Old Business:

- **WG45 Provider Enrollment Task Group** Update. The Task Group has completed their review of data elements necessary for provider enrollment and will begin mapping those data elements to the ASC X12 274. See Work Group 45's minutes for the update.

Task Groups:

- The **Pharmacy and/or Combination ID Card Task Group** did not meet this quarter.
- The **NCPDP Data Services Task Group** is on hiatus.
- The **Pharmacy ID Card Operating Rules Task Group** did not meet this quarter.
- The **Health Plan Identifier Task Group** reviewed a list of keywords identified for the purpose of an initial scan of NCPDP standards/implementation guides/white papers and other documents for health plan ID and all of its derivatives. Reports will be developed based on the scan and the task group will use the reports to determine if changes are needed or if guidance should be developed.

New Business:

- Keychain Format for Prescription Discount Card. The Pharmacy and/or Combination ID Card Task Group will review the implementation guide and the INCITS standard to see if there is language which would prevent a vendor from rendering a digital image if they choose to make that available to their members.

Work Group 7 Manufacturer and Associated Trading Partner Transaction Standards

Ballots:

- Ballot WG070009 Manufacturer Rebate Standard v06.01. The ballot was valid having received the required 60% of Consensus Group votes. There were negative comments which were adjudicated by the Work Group. If submitters of the negative comments are satisfied with the adjudication of their comments and change their votes to affirmative or abstain, the ballot will proceed to the Board of Trustees for approval after the required appeal period. Otherwise, the ballot will be recirculated.

DERFs (see DERF Resolution at

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

- DERF 001096 – This DERF requests “The NCPDP Manufacturer Rebate Utilization, Plan, Formulary, Market Basket, And Reconciliation Flat File Standard (Rebate) enables manufacturers and their partners to exchange a range of information to support their business processes. The existing formulary content in the Rebate Standard resides in a single Formulary Flat File, containing a small set of formulary and benefit details related to a set of products within a given national or plan-level formulary. While other aspects of the standard have gained wide adoption, the Formulary portion lacks content needed by stakeholders. In addition, its structure differs considerably from that of the NCPDP Formulary and Benefit Standard (F&B), making it difficult for payers to leverage existing capabilities to produce the Rebate Formulary File. This DERF replaces the Rebate Standard's existing Formulary File format with content of the NCPDP Formulary & Benefit Standard, Version 3, bringing Rebate into line with the established Formulary Standard and enabling participants to use the same format for communicating formulary for rebate purposes as they use to support e-Prescribing. The proposal utilizes the Formulary & Benefit Standard's structures in a non-patient-specific mode through use of the F&B's Cross Reference List. This approach links together the various F&B Formulary and Coverage Files to reflect the national, plan-level, or group-level benefit packages referenced elsewhere in the Rebate Standard.” During the November Work Group meeting the DERF was pended by Work Group 7 and MC. During the February Work Group meeting the DERF was pended to the Rebate Standard Update Task Group for additional discussion on implementation issues.

Old Business:

- Regulatory/Industry Changes Impacting Work Group 7 – no update to report.
- **WG2 Evaluation of Billing Unit Standard Billing Units Task Group** Update. See Work Group 2's minutes for the update.

Task Groups:

- The **Reference Guide Task Group** did not meet this quarter.
- The **Medical/Biologics Task Group** reported on current and future activities to market the new Medical Rebate Data Submission Implementation Guide.
- The **Medicare Part D Coverage Gap Task Group** did not meet this quarter; however information regarding CMS User Group calls and webinars was distributed to the task group.
- The **CMS Task Group** did not meet this quarter.
- The **Formulary-E-Prescribing & Tracking Task Group** provided an update on the development of the formulary/e-prescribing white paper. The white paper is undergoing a review by the task group with assistance from WG11 Formulary and Benefit Task Group. The review will continue this quarter and a final draft will be presented at the May Work Group meetings.
- The **Rebate Standard Update Task Group** met to review additional information provided by the submitter of pended DERF 001096 (see DERF 001096 above).

#### Work Group 9 Government Programs

##### Old Business:

- Review and Update State of States Document – No updates were brought forward.

##### Task Groups:

- The **Prescription Monitoring Program (PMP) Task Group** presented updated information for states that have prescription drug monitoring programs.
- The **340B Task Group** report was pended to the May Work Group meeting.
- The **Medigap ID Task Group** developed a FAQ regarding the use of Field 359-2A Medigap ID for inclusion in the Version D Editorial Document.
- The **Dual Eligible Recipients and Medicare Advantage Plans Task Group** did not meet this quarter.
- The **Medicaid Subrogation FAQ Task Group** did not meet as no new questions were received.
- The **Medicare Part D FAQ Task Group** brought forward twelve questions and recommended responses for approval by Work Group 9.
- The **Supplemental Payer Part D Reconciliation Standardization Task Group** is working to determine if standards can be created to communicate Part D beneficiary liability changes to other payers that are supplemental to Part D and allow the supplemental payer to communicate any changes in coverage as a result of the Part D changes.

##### New Business:

- Standardization Committee Report on NCPDP FAQs. In August, Work Group 9 requested the Standardization Committee review all NCPDP FAQ documents (format, publication, location) and make a recommendation as to how they should be managed within NCPDP. The Committee reported that no changes will be made to the current process.
- Government Programs and Industry Changes – Two presentations were provided:
  1. Churning: Medicaid & the Exchanges
  2. Impact of the Patient Protection and Affordable Care Act

#### Work Group 10 Professional Pharmacy Services

##### Old Business:

- There was no update on the ISMP/Patient Safety initiative.
- Members were reminded that the Legislative/Regulatory Tracking Document is available on the Work Group 10 webpage under Other Information and has been updated through the end of January reports.

##### Task Group Reports:

- The **MTM Communications Task Group** has completed the adjudication of comments received on the HL7 ballot of the Clinical Document Architecture Release 2 Medication Therapy Management Program (MTM CDA) Implementation Guide. The plan is that the implementation guide and examples be updated in time to be included in the next NCPDP Ballot package and returned to HL7 for rebalot in the August ballot cycle. Entities have expressed interest in piloting the MTM CDA and work group attendees were encouraged to put the document in use so that any short comings can be identified and addressed.
- The **Acetaminophen Best Practices Task Group** announced the January 31, 2013 publication "NCPDP Recommendations for Improved Prescription Container Labels for Medicines Containing Acetaminophen Version 1.1" and presented some of the associated marketing materials and plans.
- The **Specialty and Compounding Pharmacy Service Task Group** is reviewing data elements used for specialty pharmacy use cases and defining the conditions for use in preparation for development of possible new segments in MTM messages or new specialty specific messages. The SNOMED codes identified and developed for MTM services continue to be reviewed to see if additional codes are needed for specialized pharmacy services. Members of the task group are working with the WG1 Compound Billing Solutions Task Group.
- The **Universal Medication Schedule White Paper Task Group** presented the white paper to the work group for review. The paper was approved contingent upon completion of endnotes for citations.
- The **mL White Paper Task Group** reported on the progress in developing a paper to encourage mL as the standard unit of measure for liquid medications. It is intended that the paper be completed for workgroup review and approval in May.
- **WG1-WG10 Compound Billing Issues Task Group** provided an update of the progress on answering the identified compound billing questions. Work Group 10 members, especially those with compound billing issues and experience were encouraged to participate.

#### New Business:

- A presentation was provided on the PharmaSmart Program which allows capture, analysis and sharing of automated kiosk blood pressure readings.
- A request from the WG1 Appendix G Review Task Group that Work Group 10 review and update the DUR-Generated Rejections section of Appendix G in the Telecommunication Standard. The **DUR-Generated Rejections Task Group** was formed.
- There was a discussion on Tracking of Cash Claims for Low Cost Generics and it was decided that the issue would be addressed by the MTM Communications Task Group as part of the active medications list and medication reconciliation. They will look at the possibility of adding the information to the Medication History Transaction and work with Work Group 11 to that end.

#### Work Group 11 ePrescribing & Related Transactions

DERFs (see DERF Resolution at

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

- DERF 001099 This DERF requests "Remove the field <Days Supply> from the SCRIPT Standard. Days Supply is used for billing purposes in pharmacy claim billing and is invariably confused by prescribers for length of therapy. The duration of therapy (in the codified SIG) is the proper place for the prescriber to indicate length of therapy. Improper use of the Days Supply Field only adds to confusion in the pharmacy resulting in phone calls back to the prescriber or customer care issues. Pharmacies need to be able to compute Days Supply from the Drug Directions and Quantity Field, and physicians should not have to specify the Days Supply field since they are not aware of the billing requirements of pharmacy claims. This change should minimize confusion by eliminating discrepancies, resulting in: 1) Fewer prescriptions requiring clarification; 2) Fewer faxes and phone calls to the prescriber from the pharmacies; 3) Fewer interruptions of workflow

- at the pharmacy and the prescriber's office; 4) Improved patient care and satisfaction with timely dispensing of the prescription; 5) Lower probability of negative PBM audit issues." In November, the DERF was pended so the WG11 Prescription Requirements Task Group could review whether the Days Supply should be included in each of the transactions, and if so, if guidance is needed, or if it should be removed. The task group reviewed and brought forward recommendations. In February, the DERF was denied after much discussion.
- DERF 001101 This DERF requests "This DERF is based on the work of the WG11 Prior Authorization Workflow to Transactions Task Group. The task group is submitting new transactions for electronic prior authorization functions between a prescriber and a payer/health plan/representative for obtaining pharmacy benefit prior authorizations. These new transactions will be part of the NCPDP SCRIPT Standard. For historical information about this industry work, see [http://www.ncdp.org/industry\\_outreach.aspx](http://www.ncdp.org/industry_outreach.aspx) under Prior Authorization Activity. See background information below. The task group will be submitting the modified implementation guides and transaction layout documentation. Please download them after October 19, 2012." In November, the DERF was pended – the work group approved the PA transactions coming forward but the task group needs more time to finish the guide and schema and examples. The task group brought forward the schema and updated implementation guides. In February, the DERF was approved with modifications and will be balloted.
  - DERF 001103/ECL 000133 This DERF requests, "WG11 Prescription Requirements Task Group requests new values be added to the ReasonCode field in SCRIPT. The new values are to handle business situations identified where the pharmacy will not be able to fill the prescription." The DERF/ECL was approved with modifications.
  - DERF 001104/ECL 000134 This DERF requests, "The Drug Reference Qualifier field in the Formulary and Benefit Standard does not contain all the drug database providers. Rather than added qualifiers for each drug database we could add a mutually defined value. This could be used where the drug database is determined in the setup of the formulary download and not at the time of downloading the data." The DERF/ECL was approved with modifications.
  - DERF 001105 This DERF requests, "The Prior Authorization element under all the Medication elements contains three elements (Prior Authorization Number, Promotion Number, and Mutually Defined. The XML Task Group has determined that the Mutually Defined is not needed; the Prior Authorization Number should be moved to the same level as the Prior Authorization status; the Promotion Number should be renamed to coupon number and be moved to the same level as the Prior Authorization status. See attached diagram for details. Identifier values that are not used (they were brought in originally with a large list of possible values). This will sunset these values. PPNUMBER should be sunsetted; INDIVIDUALPOLICYNUMBER should be sunsetted; DENTISTLICENSENUMBER should be sunsetted because LICENSENUMBER is the better value to use. COMMERCIAL should be sunsetted." The DERF was approved with modifications and will proceed to ballot.
  - DERF 001106 This DERF requests, "The current SCRIPT XML standard has the Payer Identification sequence is set to have 0 to infinity occurrences. To be consistent with the other identification sequences such as Patient, Facility, and Prescriber, this should be set to an occurrence of 1 to 1. Because the Payer Identification sequence is being made consistent, the use of the ID value SECONDARYCOVERAGE - Secondary Coverage Company Number can be sunsetted (Appendix Y of the ECL)." The DERF was approved with modifications and will proceed to ballot.
  - DERF 001107 This DERF requests, "There is a business need to send the PBM Member ID in the NEWRX Message. In versions currently in use, trading partners are using the Payer ID value of the Patient Identifier. In the latest version of SCRIPT the Payer ID value was removed from Patient Identifier value based on ID consistency recommendations from the XML Task Group. The Medication History messages use the PBM Member ID field under Benefits Coordination. This element needs to be changed from not used to conditional in the Benefits Coordination of the NEWRX Message. This



will allow the PBM Member ID to be sent consistently in both the NEWRX and Medication History messages." The DERF was approved and will proceed to ballot.

- DERF 001110 "This DERF request the addition of the following transactions to the Specialized schema and Implementation Guide to allow for a standard way for pharmacies and central fill facilities to exchange data: Central Fill Inventory List (CFInventoryList), Central Fill Product Inquiry (CFProductInquiry), Central Fill Product Inquiry Response (CFProductInquiryResponse), Central Fill Prescription Order Request (CFRxOrderRequest), Central Fill Prescription Order Completion (CFRxOrderCompletion), Central Fill Prescription Order Cancellation (CFRxOrderCancel), Central Fill Manifest (CFManifest)." The DERF was approved with modifications and will proceed to ballot.

#### Old Business:

- An industry update was provided on NCVHS Subcommittee on Standards and Security, CMS (eprescribing).
- An industry update was provided on DEA eprescribing for controlled substances and implementation activities.

#### Task Groups:

- The **Formulary and Benefit Task Group** is working through future modifications. The task group met with WG7 Formulary-E-Prescribing & Tracking Task Group to review the draft white paper.
- **XML Task Group** brought forward DERF 001105 and 001106.
- **NCPDP/HL7 Pharmacist Functional Profile Task Group** reviewed the HL7 EHR-S Functional Model and preparing for the specifics related to the Pharmacist/Pharmacy Provider EHR-S Functional Profile.
- The **Prescription Requirements Task Group** submitted DERF 001103/ECL 000133. They discussed DERF 001099 (Days Supply) and submitted modifications. They discussed a request about the use of the Notes field.
- The **Central Fill Task Group** brought forward DERF 001110 for new transactions.
- An update was given from the **WG14 LTCPAC ePrescribing Task Group**. They focused on the exchange flow between the different stakeholders.
- **REMS and ePrescribing Task Group** is refining their use cases between prescriber, pharmacy, REMS Administrator, switch/intermediary for safe use programs, the data elements needed, and will work through updates to an implementation guide. They have provided trigger/data element analysis information to the WG2 SPL Task Group.
- The **RxFill Task Group** is modifying the existing implementation guidance for the Fill Status Notification transactions. They also worked with the Pharmacy to Pharmacy Prescription Transfer Task Group.
- The **Electronic Prior Authorization Workflow to Transactions Task Group** has submitted DERF 001101 for prior authorization transaction functions. They have provided a schema of the new transactions and updated implementation guide documentation for consideration.
- The **WG11/2 Joint Drug Description Task Group** is building recommendations for consistent use of the drug description exchange. They are planning to submit SCRIPT Implementation Recommendations document updates and a possible DERF.
- The **Pharmacy to Pharmacy Prescription Transfer Task Group** is building use cases, and discussing data elements in transfer exchanges between pharmacies.
- The **Meaningful Use and NIST Test Methods for ePrescribing Task Group** discussed testing criteria, scenarios for MU2.

#### New Business:

- There was discussion about a second quantity field.
- There was discussion from MC Ordering of Diabetic Supplies Task Group.
- The attendees discussed the schedule for the regulation that would name Formulary and Benefit Version 3.0 and the implementation timeframe. Further discussion will take place in the Formulary and Benefit Task Group calls.

#### Work Group 14 Long Term and Post Acute Care (LTPAC)

##### Old Business:

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

##### Task Group Reports:

- The **ePrescribing Task Group** has completed the first iteration of the optimum ePrescribing workflow between Prescriber, Facility and Pharmacy. Their next steps include looking at current workflow and the steps necessary to transition to the optimum ePrescribing workflow. The Task Group is requesting participation from Facility software vendors and State Boards of Pharmacy.
- The **LTPAC Current Billing Issues Task Group** provided a report on the activities during the last quarter. They continue to receive questions dealing with the appropriate dispensing for Medicare Part D claim.
- The **Automation in LTPAC Task Group** finalized the guidance document on the use of HL7 Automated Dispensing Interfaces in the long term and post-acute care settings. The guidance document received approval from the Standardization Co-Chairs and has been posted on the NCPDP website. The task group was disbanded.
- The **Evaluation of the Universal Claim Form (UCF) for Medicare Part D Processing Task Group** in conjunction with WG1 Telecommunication has completed their work and has been disbanded.
- The **Review of Telecommunication Standard Appendix G Task Group** in conjunction with WG1 Telecommunication has begun the review of the current Appendix G in the Telecommunication Implementation Guide to provide updates.
- Received updates from the **WG1 Eligibility Verification Enhancements Task Group**.

##### New Business:

- DERF 1108 was reviewed by the Work Group and was withdrawn by the submitter.
- A discussion on Patient Resident Code values were discussed which will result in a DERF in May to add a new value.

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

##### Old Business:

- Revisions to the Guidance Paper were reviewed by the work group with modifications and suggestion for further updates provided.
- IAIABC Update was provided
- Webinar marketing efforts to get the webinar to the state agencies is ongoing.

##### Task Group Reports:

- The **Legislative/Regulatory Monitoring and Education Task Group** provided an update on state regulatory and legislative initiatives affecting Workers' compensation programs including changes in medical necessity and treatment guidelines, fee schedules, prior authorization requirements, repackaged drugs and payer directed and/or provider network rules that affect the coverage, billing and reimbursement for services.
- The **Billing and State Reporting Task Group** provided an update regarding states moving to adopt regulations for e-billing, paper billing and EDI reporting. The task group provided the Guidance and FAQ document with their additions and edits to date. Among the items to be developed is a detailed instruction on how the Jurisdictional Field use is requested and assigned.

##### New Business:

- There was a brief discussion on the creation of an ePA in Workers' Compensation Fact Sheet presented by the Legislative/Regulatory and Education Task Group with a request for members to participate in the drafting of the document.
- Issues arising from California DWC rule making regarding Identification of Reconsideration Claim in the D.Ø and WC-PC UCF formats and also specification Claim Adjustment Reason Codes and Remark Codes/NCPDP Reject Codes were briefly

discussed. Use of the Submission Clarification Code for the Reconsideration Claim was suggested. A new value would need to be added. Details of requirements will be researched and a DERF created for May if needed.

#### Work Group 17 Pharmaceutical Pedigree and Traceability

##### Old Business:

- An update was provided on activities in GS1 and GS1 US regarding traceability, pedigree and related issues. Upcoming meetings and educational opportunities and materials were stressed. Participation in the 2015 readiness pilots was encouraged.
- A report was provided on the Pharmaceutical Distribution Security Alliance.

##### Task Group Reports:

- The **Regulatory Tracking/Pedigree Task Group** identified no requests for comments on proposed regulations/legislation related to pedigree or tracking needing a response and therefore did not meet during the quarter.

##### New Business:

- There was discussion of future directions and viability of the work group. The general consensus was that the educational value provided through guest speakers, white papers and the GS1 update were important. Whether this required a presence at the work group level or as a task group under another work group was briefly discussed. Final decision will be provided in May.

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

##### Old Business:

- Industry updates were provided for WEDI, ASC X12, CAQH CORE, NCPDP SNIP and Health Exchanges
- An Inter SDO update was provided
- Received an update on the recently posted 835 Companion Guide for Minnesota

##### Task Groups:

- The **Document Revision Task Group** reviewed proposed additions, modifications and deletions to Claim Adjustment Reason Code (CARC) and provided recommendations to the NCPDP representative to the Committee for their January meeting.
- The **834/835 FAQ Task Group** received no new questions, therefore they did not meet.
- A **DSMO Task Group** received two new DSMO Change Requests. DSMO 1180 was approved by the work group and the work group recommended that NCPDP remove their interest in the DSMO 1181 request.
- The **Provider Enrollment Task Group** has completed the review of work done by the WG3 Provider Enrollment Task Group and will now begin their review of the CORE efforts and X12 Standards (274) to determine the need for additional fields for electronic provider enrollment standard.
- The **EFT Final Rule Review Task Group** felt no additional guidance was necessary for the EFT final rule and was disbanded.
- The **Pharmacy Payments to Payer Task Group** did not meet during the last quarter. The name of the Task Group and scope was changed. The new name is **ASC X12 835 5010 Adjustment Task Group**. The scope is to review any member requested business cases for adjustments and create guidance and/or examples. The first two business cases to review include:
  - Pharmacy payment to payers
  - Pharmacy has amount due but not actually paid by payer since payer actually owns the pharmacy.

##### New Business:

- The **Central Pay for ASC X12 835 Version 5010 Task Group** will review the 4010 solution and update allowing it to be used in the 5010 version.

## MC Maintenance and Control

### Ballots:

- MC000005 received 1 Affirmative and 1 Accept with comments that were adjudicated. Following a 30-day appeal period, the various standards will be sent to the NCPDP Board of Trustees for approval.
- WG010057 received 1 Accept with comment that was adjudicated. Following a 30-day appeal period, the Telecommunication Standard Version E.2 will be sent to the NCPDP Board of Trustees for approval.
- WG070009 received 47 Negative and Objective comments that were adjudicated. Following a 30-day appeal period, the Manufacturer Rebate Utilization, Plan, Formulary, Market Basket, and Reconciliation Flat File Standard Implementation Guide Version Ø6.Ø1 will be sent to the NCPDP Board of Trustees for approval.

### DERFs/ECLs (see DERF Resolution

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

- MC Maintenance and Control reviewed 13 new and pending DERFs/ECLs (see Work Group 1, 2, 7, 9, 11, and 14 recaps above). The DERFs approved at this meeting will result in:
  - Two new ballots for the February 2013 ballot period
    - WG010058 for Telecommunication Standard Version E.3
    - WG110053 for SCRIPT, Specialized, XML Standards
  - A republication of the Billing Unit Standard Implementation Guide Version 3.Ø will be sent to the NCPDP Board of Trustees for approval.

### Old Business:

- Updates given:
  - HIPAA
  - Legislative/Regulatory
  - NCPDP Modeling

### Task Groups:

- The **Education/Legislation and Regulations Task Group** submitted NCPDP's response to ONC on Stage 3 Definition of Meaningful Use of Electronic Health Records (EHRs)
- The **ECL Implementation Task Group**
  - Drafted NCPDP notice for January 2013 ECL Publication.
  - Recommended changes on the DERF form aligning terms with the ECL
  - Provide guidance on implementation of externally maintained code sets within the ECL.
    - Compile spreadsheet for the NCPDP fields where the ECL code list is not owned by NCPDP and then recommend implementation schedules when the external owner does not specify a timeline.
- The **Standard Field Length Task Group** was disbanded.
- The **Ordering of Diabetic Supplies Standard Task Group**
  - Discussion continued on the information needed for ordering of Diabetic Supplies
  - Development of use cases begun
    - Information needs were categorized into 3 categories: Prescription, Billing and Audit Determination made as to short term vs. long term resolution requirements
  - Discussion with Work Group 11 attendees at the February work group meetings for feedback on short and long term solution determinations made by the task group
  - Questions to be sent to Medical Directors regarding Certification Requirements
- The **NDC Depletion Task Group**
  - Bring concerns to the Workgroup 2 Product Identification Standard Task Group and ask for their cooperation in bringing this Standard to ballot so that there is a NCPDP Standard that addresses concerns of changes to the NDC.

- Meet with the FDA Office of Compliance in person to discuss concerns.
- Develop a long term plan to address the eventual scarcity of NDCs. It will depend on the consumption of NDCs based on either the FDA's present practices or an amendment to those practices. An estimate cannot be performed until the facts are known.
- The **PDMP White Paper Task Group** is finalizing a first draft that includes a purpose and scope, background, problem definition for the pharmacy and the prescriber, recommended solutions, and improvement recommendations.

New Business:

- The attendees received daily Work Group recaps.
- Adjudicated comments on Ballot MC000005
- DSMO Requests 1180, 1181, and 1182 were reviewed.