

May 2013 Work Group Recaps:

Work Group 1 Telecommunication

Ballots:

- WG010058 Telecom E.3 (DERFs 001080). The ballot was valid at 66.39% of the consensus group voting. There was a negative with reason vote and one negative public comment. The negative vote was categorized as not persuasive. The voter will be given the opportunity to change the vote. If the vote is not changed, the ballot will be recirculated. If the vote is changed to abstain or approve, the Telecommunication Standard Version E.3 will be sent to the NCPDP Board of Trustees for approval after a 30-day appeal period.

DERFs (see DERF Resolution at

http://www.ncpdp.org/members/members_wg_info.aspx?wgid=wgmc):

- DERF 001091 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 fields needed, situations, rejects, and matrix requirements. In February, the DERF was pended and in May it was denied due to concerns the WG1 Definition of a Valid Prescriber Task Group brought forward.
- DERF 001111/ECL 000135 requests "COB Task Group requests that Reject Code 8V be sunsetted. 8V - Negative Dollar Amount Is Not Supported In The Other Payer Amount Paid Field. The request for removal of reject code 8V follows a vD.0 Editorial recommendation from the COB Task group which outlined valid scenarios in which a downstream payer can receive a negative Other Payer Amount Paid (431-DV) in a claim billing request." The DERF/ECL was recommended to be approved to MC.
- DERF 001114/ECL 000138 "Request additional values are added to the Audit Element Response Type 1 (A62). Note: Audit Element Response Type 2 (A63), Audit Element Response Type 3 (A64), Audit Element Response Type 4 (A65) and Audit Element Response Type 5 (A66) all reference the code list found in Audit Element Response Type 1." The DERF/ECL was recommended to be approved with modifications to MC.
- DERF 001115/ECL 000139 requests "Request additional values are added to the Audit Element Type 1 (A57). Note: Audit Element Type 2 (A58), Audit Element Type 3 (A59), Audit Element Type 4 (A60) and Audit Element Type 5 (A61) all reference the code list found in Audit Element Type 1." The DERF/ECL was recommended to be approved to MC.
- DERF 001116 requests "Revision of the Telecommunication Implementation Guide Section 6 "Eligibility Verification Information" removing "Future Coverage" verbiage and adding information regarding new enhancements. The revisions are attached in a separate document. This would be added to a future version of the Telecommunication Implementation Guide." The DERF was pended for the WG1 Eligibility Verification Task Group to modify the DERF to suggest the modified sections move out of the Telecommunication Implementation Guide and into the Version D Editorial. The Version D Editorial would need to document the modifications that take affect May 23, 2013.
- DERF 001117/Emergency ECL 000140 requests "CMS has issued a Final Rule reminding Part D sponsors that they must establish and apply a daily cost sharing rate whenever certain prescriptions are dispensed by a network pharmacy for less than a 30 days' supply. Situations that require the proration of copay typically involve Synchronization or trial fill which may trigger a refill too soon edit. Two new Submission Clarification Codes (47 and 48) were approved for October ECL and indicate shortened

day supplies. Current: 47 = Shortened Days' Supply Fill - only used to request an override to plan limitations when a shortened days' supply is being dispensed. 48 = Fill Subsequent to a Shortened Days' Supply Fill - only used to request an override to plan limitations when a fill subsequent to a shortened days' supply is being dispensed. We are proposing two additional codes. These two new codes will allow for identification of the claim types and then two existing codes for override in the event a plan rejects for refill too soon." The DERF/ECL was withdrawn.

Old Business:

- **NCPDP SNIP Committee** has completed HIPAA – Round 2 lessons learned. They will discuss educational opportunities for compound/specialty pharmacy entities. They will spearhead further notification and education to the industry on the upcoming requirement to support Quantity Prescribed in Telecommunication D.0 billing transactions (see more information under “Updates” below).
- A WG1 Year in Review presentation was given.

Task Groups:

- The **Telecommunication FAQ Task Group** did not have any questions and did not meet this quarter. They will be meeting next quarter as they have received questions.
- The **Coordination of Benefits Task Group** brought forward the task group recommendations to the Version D Editorial for questions received and DERF 001111/ECL 000135.
- The **Financial Information Reporting (FIR) Task Group** has updated a published white paper on plans that change processors and the impacts with routing and reporting. They are building a non-plan of record white paper and new questions received. They will be creating a FIR Editorial document from questions received.
- **Information Reporting Problems Task Group** completed final review of the white paper on the problems in exchanging enrollment data that affect claims and information reporting in Medicare Part D processing and received approval to proceed to publishing. They are working with the COB Task Group on question 39.
- The **Post Adjudication Task Group** did not meet this quarter but will begin meeting to discuss a file layout for Transition Fill Claims Transfers.
- 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. They brought forward DERF 001114/ECL 000138 and DERF 001115/ECL 000139.
- The **Safe Use Processing – REMS Task Group** is monitoring the Ballot containing DERF 001080 for the enhancements to the Telecommunication Standard for intermediary support and reporting to REMS and PDMP entities.
- A **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 NPI enrollment questions. They sent a letter to CMS on outreach to prescribers to obtain Type 1 Individual NPIs. They have created an outreach letter template for use when communicating with prescribers that is available to the industry at (http://www.ncdp.org/news_npi_info.aspx#NPIEx). They reviewed DERF 001091 and recommended reasons for denial.
- **Supplemental Payer Reporting Task Group** is working on reports to assist supplemental payers on Information Reporting transaction statistics and follow up needs. They discussed enhancements to the Transaction Facilitator website.
- **Eligibility Verification Enhancements Task Group** discussed enhancements to the Transaction Facilitator website. They brought forward DERF 001116 and are also discussing eligibility verification exchanges where the pharmacy has old beneficiary identification information and is requesting current information.

- **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. They are working jointly with WG10 Specialty and Compound Task Group. They need assistance from drug compendia on product identifiers that are not NDCs. They requested recommendations be added to the Version D Editorial.
- The **Transaction ID Task Group**, formed based on DERF 001090 and question D-Eighty-Four.b of the WG1 Telecommunication FAQ. The task group is examining the use of a unique transaction identifier for all Telecommunication transactions. They are working through scenarios and asked for payer input.
- **Appendix G Task Group** is reviewing the Telecommunication Standard Implementation Guide's "Appendix G. Two Way Communication to Increase the Value of On-line Messaging" to update.
- **Vaccine Services Task Group** began meeting and is discussing pharmacy benefit billing and medical eligibility and claim billing.

Updates:

- A HIPAA Standards, Operating Rules, and regulations (HPID/ICD/NPI/EFT/ERA) update was given.
 - NCPDP recommendation to OESS to publish federal rulemaking to notify the industry to allow the conditional use of field Quantity Prescribed (46Ø-ET) in the billing transactions in Telecommunication Standard Implementation Guide Version D.Ø. (See DERF 001097 for background).
- DSMO Change Request 1182 submitted by NCPDP was approved based on the November approved DERF 001097/Emergency ECL 000131 that recommended that an existing field, Quantity Prescribed (46Ø-ET) which is currently not used in the Telecommunication Standard be reactivated with approval from the Office of e-Health Standards and Services. 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.

Work Group 2 Product Identification

DERFs (see DERF Resolution at

http://www.ncdp.org/members/members_wg_info.aspx?wgid=wgmc):

- DERF 1142 – approved with one modification without opposition.

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 WG meeting. The Coalition has sent 17 letters to the FDA and is working on two others letters:

1. Manufacturer Conformance Areas
2. Add Products Labeled as "Sample" to SPL

The task group updated the letter originally sent to the FDA regarding the practice of re-used NDCs to emphasize the negative impact reuse could have on ePrescribing. The letter was reviewed by WG2 and approved.

- 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 five new QUIC forms and five additional products.
 - Submitted a DERF to add verbiage for frozen form, non-drug entities and inner packs.

- Work continues by the subgroup formed to perform quarterly reviews to identify and resolve incongruent package sizes between compendia. The group is reviewing Monistat-3 prefilled applicators + external cream and Compounding Kits.
- The **NCPDP Product Identification Standard Task Group** has completed the draft of the NCPDP Product Identification Standard that is posted to the NCPDP WG2 page. Tom is recruiting members to assist with reviews and completion of the implementation guide with the goal to have a DERF submitted for the August 2013 work group meetings.
- The **SPL REMS Requirements Task Group** is to gather the data needed to develop a template for pharmaceutical manufacturers to use in electronic submission of all the components for risk evaluation and mitigation strategies (REMS) drugs to a central repository (DailyMed) via FDA's Structured Product Labeling system. The FDA staff involved in SPL standardization and codification (REMS Integration Initiative) has made progress in cataloging the content and format of existing REMS. This has allowed FDA to identify gaps between existing REMS and content and format characteristics described in their 2009 Draft Guidance to Industry, the latter being the basis for NCPDP's original REMS schema. As a result of the Prescription drug User Fee Act (PDUFA) V, FDA has committed to enhancing REMS to better integrate them into health care systems, including evolving electronic systems. Therefore, FDA is exploring an electronic codification path like that proposed by NCPDP to help meet its PDUFA V commitments. A timeframe has not yet been specified, but adoption could be possible as soon as first quarter 2014.
- The **Dates Associated with Pharmaceutical Products Task Group** is to investigate definition inconsistencies, involve government agencies to make them aware of the issues, and provide education on the importance via a white paper or other means. The group continues to investigate dates used throughout the industry.
- The **Evaluation of BUS's Billing Units Task Group** is to gain an understanding of the issues by looking at the unique attributes of patient administered products, identify any challenges in the current BUS, review billing and reimbursement processes for these products, identify similarities amongst these products and review past work on these products by WG2 and WG7. A presentation with speaker notes is in development to re-educate several stakeholders regarding the Billing Unit Standard and why it is important. An initial primary goal will be to leverage how 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 WG11 meeting minutes.
- An update on the **MC NDC Depletion Task Group** was provided. See MC meeting minutes.

New Business:

- **QUIC Form Review:**
 - **#201302 Avonex Pen 30 MCG/0.5 ML NDC 59627-0003-01** – BU=ml; Quantity=0.5 per Sections 4.22 and 5.22 of the Billing Unit Standard
 - **#201303 Avonex Syringe 30mcg/0.5ml NDC 59627-0002-07** – BU=ml; Quantity=0.5 per Sections 4.22 and 5.22 of the Billing Unit Standard
 - **#201312 Suclear NDC 52268-901-01** - BU = ml, Quantity = 2480, based on Section 5.2.3 of the Billing Unit Standard.
 - **#201313 Adrenaclick auto-injector, NDC 59630-0803-02 and 59630-0804-02** – pending for review at the August 2013 WG meeting.
 - **#201314 Sulfamylon NDC 51079-0624-84 and 51079-0624-85** – BU = EA, Quantity = 5 for the 51079-0624-85 and Quantity =1 for the 51079-0624-84, per Section 5.1.8 of the Billing Unit Standard

- **#201315 HPR Plus MB Hydrogel Kit NDC 42546-0026-10** - BU = GM, Quantity = 325 with a DERF submitted for the August 2013 WG meeting to add clarification to Section 5.3 of the Billing Unit Standard
- **#201316 Xofigo[®] (radium Ra 223 dichloride injection) NDC: 50419-208-01** - BU=EACH (quantity of one) per Section 5.1.17 of the Billing Unit Standard
- Formed a FDA Drug Naming Convention Task Group to communicate issues and solutions to FDA.

Work Group 3 Standard Identifiers

Old Business:

- A WG3 Year in Review presentation was given.
- **WG45 Provider Enrollment Task Group** Update. The Task Group completed their mapping of the required data elements for provider enrollment 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** 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.
- The **NCPDP Data Services Task Group** was disbanded as there is not a business need at this time.
- The **Pharmacy ID Card Operating Rules Task Group** revised the mapping document - Pharmacy ID Card to X12 270/271 Health Care Eligibility Benefit Inquiry and Response for version 5010. Operating Rules will be developed during the next quarter.
- The **Health Plan Identifier Task Group** reviewed the spreadsheet that lists each standard and identifies the use of the key words from the master list. A joint call was held with WG1 FAQ, WG1 Coordination of Benefits, WG9, and WG11 task groups to hear business cases for the use of one qualifier vs. two qualifiers.

New Business:

- WG3 received an update from **WG1's Valid Definition of a Valid Prescriber Task Group** (including NPI Enumeration, DEA Schedules and Narcotic Indicators, and Ordering Referring Provider Enrollment).

Work Group 7 Manufacturer and Associated Trading Partner Transaction Standards

Ballots:

- Ballot WG070009R Manufacturer Rebate Standard v06.01. Ballot WG070009R is considered a Valid Ballot having received the required 60% of Consensus Group votes and 75% approval rating. New Negative and Objection comments were received. New votes and comments received on a re-circulation ballot are not categorized.

DERFs (see DERF Resolution at

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. During the May Work Group meeting WG7 voted to approve the DERF. The DERF will be balloted.

Old Business:

- A WG7 Year in Review presentation was given.
- 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.
- 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 August Work Group meetings.
- The **Rebate Standard Update Task Group** met to review additional information for pended DERF 001096 (see DERF 001096 above).

Work Group 9 Government Programs

DERFs (see DERF Resolution at

http://www.ncdp.org/members/members_wg_info.aspx?wgid=wgmc):

- DERF 001112/Emergency ECL 000136 – “Requesting two new reject codes to be used when the prescription claim meets the Medicare D versus Hospice or Medicare D versus ESRD situations. These reject codes would be in combination with reject code 75 – Prior Authorization Required when the claim meets the situations as defined in the 2014 Medicare D Draft Call Letter.” WG9 approved the DERF, however they asked that implementation guidance be drafted and added to the Editorial Document.
- DERF 001113/Emergency ECL 000137 – “Requesting the description for Benefit Stage Qualifier 62 (393-MV) be updated to include a reference that the Non-Part D drug is also not covered under hospice or any other component of Medicare. This clarification is needed to prevent the paid response with BSQ 62 when the claim is covered under another component of Medicare (e.g. Part B). The description of BSQ 62 should align with the description for BSQ 80.” WG9 pended the DERF, requesting further clarification from CMS and the WG 9 Medicare Part D FAQ Task Group.

Old Business:

- A WG9 Year in Review presentation was given.

Task Groups:

- The **Prescription Monitoring Program (PMP) Task Group** presented updated information for states that have prescription drug monitoring programs.
- The **340B Task Group** is discussing whether there is a need for an electronic prescribing transaction to tell a pharmacy that a particular prescription would be eligible for Section 340B.
- The **Medigap ID Task Group** question was added to the April Version D Editorial document. The task group was disbanded as their work is completed.
- 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 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:

- WG9 formed the **Health Insurance Exchange/Marketplace Task Group**. 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.
- The **WG1/WG14 Review of Appendix G Task Group** is reviewing Appendix G of the Telecommunication Standard and requested input from WG9. See WG1's minutes for the Task Group report.
- A request for participation was received from the **WG1 FAQ Task Group** due to a new question related to identifying beneficiaries of government funds/programs. Information for the WG1 FAQ call is available: <http://www.ncpdp.org/EventDesc.aspx?ID=2225>.

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.
- WG10 2012-2013 Year in Review presentation was provided.

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** provided an update on the progress toward fulfillment of the white paper recommendations.
- The **Specialty and Compounding Pharmacy Service Task Group** is continuing review of 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. Members of the task group are working with the WG1 Compound Billing Solutions Task Group.

- The **Universal Medication Schedule White Paper Task Group** was disbanded. The white paper is available at www.ncdpd.org.
- 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 August.
- The **DUR Rejection Review Task Group** completed the review and comments for Appendix G and will monitor the activity until completion of Appendix G by WG1 Appendix G Task Group.
- Contingent upon review by MC Maintenance and Control, **Prescribable Medication Information at Point of Care Task Group** was created.
- **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.

Work Group 11 ePrescribing & Related Transactions Ballots:

Ballots:

- Ballot WG110053 (DERF 001101, 001105, 001106, 001107, 001110). The ballot was valid at 66.39% of the consensus group voting. There was one negative with reason vote and several approved with reason votes. The negative with reason voter modified their vote after discussion. There were no public comments. The ballot will proceed to the Board of Trustees for approval after the required appeal period.

DERFs (see DERF Resolution at

http://www.ncdpd.org/members/members_wg_info.aspx?wgid=wgmc):

- DERF 001118/ECL 000141 requests ""Requesting to add new ECL Qualifier for Payers (PBMs) for use in routing. The current list has these values: P = Pharmacy, C = Clinic, M = Mailbox, D = Prescriber, ZZZ = Mutually Defined. A specific qualifier will provide clarity on the type of entity identified in the attributes in header of the <TO> and <FROM> of the schema. This will be especially useful to use in the ePA transactions to help for tracking and will eliminate the need to use ambiguous ZZZ." The DERF/ECL was recommended to be approved to MC.
- DERF 001119/ECL 000142 requests "Add more error codes to create more specificity when errors occur thus providing the receiver of the error more information to act on. Summary errors <Error/Code> - Configuration Error. Detailed errors <Error/DescriptionCode> - Intermediary is unable to deliver message to the recipient (e.g. could not establish communication session), Intermediary is unable to process response from recipient, Intermediary system error, Sender not allowed to send this message type (e.g. sender ID is not on file, sender not authorized for message type, sender not enrolled to send this message), Sender not allowed to send this message type to the recipient (e.g. recipient does not process this type of message)." The DERF/ECL was recommended to be approved with modifications to MC.
- DERF 001120 requests "In March of 2010 the DEA published a rule allowing electronic prescribing of controlled substances effective June 1, 2010. NCPDP came up with some recommendations on how to use version 8.1 and 10.6 of the SCRIPT standard to accommodate this request. This DERF provides a long term solution for support of the digital signature." The DERF was approved with modifications.
- DERF 001121 requests "Change length attributes in header of the <TO> AND <FROM> fields from 80 to 255. Add qualifier "DIRECT" = Direct Participant. For specialty transactions such as MTM, CENSUS, and soon to be named ePA it is necessary to

identify the To/From entities with a "Direct" address." The DERF was approved with modifications.

- DERF 001122 requests "There is a business need to simplify the refill renewal processing. The current process of sending a response with a code to indicate a new prescription is going to be sent and then sending a new prescription can be simplified. The code of "Denied New Prescription To Follow" can be changed to a "replace" code indicating to the pharmacy that this response should replace the prescription for which the refill is being requested. Option 1." The DERF was denied in favor of DERF 001123.
- DERF 001123 requests "There is a business need to simplify the refill renewal processing. The current process of sending a response with a code to indicate a new prescription is going to be sent and then sending a new prescription can be simplified. The code of "Denied New Prescription to Follow" can be changed to a "replace" code indicating to the pharmacy that this response should replace the prescription for which the refill is being requested. Option 2." The DERF was pended for WG11 Prescription Requirements Task Group and WG11 XML Task Group to discuss more.
- DERF 001124 requests "The current observation element is using conflicting code qualifiers. The DERF will clean up the qualifiers and use the code sources named in meaningful use. See additional documentation." The DERF was approved.
- DERF 001125 requests "There is often confusion about what a prescriber is approving on the refill response message because there are two medication loops – one for the medication prescribed and one for the medication dispensed. To avoid confusion, only one medication loop should be sent back and it should be called approved." The DERF was denied as the work group did not feel the change was necessary.
- DERF 001126 requests "When a prescription with an RxFill Request indicator set to 'Y' is transferred, the prescriber should be informed that both the prescription was transferred and to where the prescription was transferred. This DERF focuses on informing the prescriber that the prescription was transferred. The Prescription Transfer Group has established a process to address confirming if the receiving pharmacy supports RxFill Status." A paragraph or two will be added to the implementation guide for the transferred function (like other RxFill function sections). The DERF was withdrawn.
- DERF 001127 requests "When a prescription with an RxFill request indicator set to 'Y' is transferred, the prescriber should be informed that both the prescription was transferred and to where the prescription was transferred. This DERF focuses on informing the prescriber to which pharmacy the prescription was transferred. The Prescription Transfer Group has established a process to address confirming if the receiving pharmacy supports RxFill status. A new mandatory pharmacy segment would be added for transferred pharmacy. Identifiers and business name should be mandatory with other fields optional. (Use of PharmacyType)." The DERF was withdrawn.
- DERF 001128 requests "The current RxFill Standard does not have a way for prescribers to request RxFill transactions. As a result, RxFill is currently an 'all or nothing' approach which hinders adoption. By creating an RxFill Request flag in the NewRx transaction, prescribers will be able to request the fill status for a prescription they are monitoring versus all prescriptions that they would currently get today, much of it being noise like an allergy medication or antibiotic. The field would be supported in other transactions as reference." The DERF was pended for WG11 RxFill Task Group to clarify the values and descriptions.
- DERF 001129 requests "The tilde character '~' should be a printable character but it is out of the ASCII range specified (between 32 and 125). It is decimal 126 so the range should state "*" between and including decimal 32 and decimal 126, excluding decimal 124 (see note in Section "Separator Character Rules") versus "*" between and including decimal 32 and decimal 125, excluding decimal 124 (see note in Section "Separator Character Rules")." The DERF was approved.

- DERF 001130 requests "The current F&B Standard needs additional clarification regarding the usage of the non-printable characters for the Prior Auth Lists. Per the F&B Imp Guide – Section 12 these characters are allowed. The field is two bytes. ~!@#%&^&*()_-=+{\[\]};<.>/?;" So developers would use the two bytes that work. This DERF removes the non-printable characters that aren't between 32 and 125 as well as '≤', '≥' and '≠.'" The DERF was approved.
- DERF 001131 requests "The current F&B Standard is inconsistent regarding the usage of decimals in numeric values and if they count as a character (Type: R 1/10). Section 12.7.3 states "Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of Triad Separators (for example, the commas in 1,000,000) is prohibited. The length of a decimal type data element does not include the decimal point. A value of 12345.67 is valid in a field defined with a maximum length of 7." Comments in Quantity Limits - Maximum Amount, Copay Summary and Copay detail state "the length includes the decimal point." Section 12.7.3 should be clarified." The DERF was approved.
- DERF 001132 requests "The F&B Standard needs additional clarification regarding the usage of the text message fields. Currently, neither the short text message nor long text message version is required, potentially allowing a payer to send an empty text message (e.g. an NDC is specified for a text message but there is not a text message attached). This DERF will mandate that the short text message must be used. The long text message is still optional." The DERF was approved.
- DERF 001133 requests "Formulary & Benefit Task Group has recommended that the following fields/files be removed due to disuse: Relative Cost Limit and Relative Cost. Relative Cost Limits are not being used and are similar to copay tiers. They need to be removed from both the Formulary header and the Formulary details list." The DERF was approved.
- DERF 001134 requests "Formulary & Benefit Task Group has recommended that the following fields be removed due to the Drug Classification lists being removed in F&B v3.0. Step Medications File: Class ID, Sub Class ID, Step Medications example using Drug Classification." The DERF was approved.
- DERF 001135 requests "Formulary & Benefit Task Group has recommended that the following fields be removed due to disuse: Prior Authorization Lists. Prior Authorization Lists have not been adopted by the industry and eclipsed by the passages of the Electronic Prior Authorization Standard." The DERF was approved.
- DERF 001136 requests "The F&B Task Group is recommending the adoption of the Electronic Prior Authorization Routing File (PR). The PR File identifies where an Electronic Prior Authorization (EPA) should be sent when a provider seeks to initiate an EPA. This file is intended to aid prescribers and their vendor system to correctly route an EPA." The DERF was approved.
- DERF 001137 requests "The F&B Task Group is recommending the modification of the F & B Prior Authorization Standard to support a Risk Evaluation and Mitigation Strategies (REMS) indicator. This indicator will inform the prescriber if a REMS Program is in place for the specific drug and potential supporting information in other areas of the F&B Standard. For clarification, the presence of an NDC in the PA Lists indicates that a PA applies to a specific drug. The indicator provides additional information that the specified drug also has a REMS program in place." The DERF was withdrawn.
- DERF 001138 requests "The F&B Task Group is recommending the adoption of the Pharmacy Routing File (PR). The PR File identifies where a prescription should be sent, primarily used for specialty pharmacies. This file is an override for the pharmacies indicated in the 271 Eligibility Response." The DERF was pended for more work by the WG11 Formulary and Benefit Task Group.

- DERF 001139 requests "The F&B Task Group is recommending the adoption of additional RxNorm Qualifiers (TTY'S) to reduce F&B file sizes. These additional RxNorm TTY's identify a drug at a brand name or ingredient (generic) level. These codes should be used if the F&B information is consistent for all dosages and forms of a specific brand name or generic. BN - Brand Name - a proprietary name for a family of products containing a specific active ingredient, example: Prozac. IN – Ingredient - a compound or moiety that gives the drug its distinctive clinical properties. Ingredients generally use the United States Adopted Name (USAN), example: Fluoxetine. PIN - Precise Ingredient - a specified form of the ingredient that may or may not be clinically active. Most precise ingredients are salt or isomer forms, example: Fluoxetine Hydrochloride." The DERF was pended for the WG11 Formulary and Benefit Task Group to look at other RxNorm type codes that might be added.
- DERF 001140/ECL 000143 requests "The F&B Task Group is recommending consistency between the non-listed drug indicators in the Formulary Header and the Product Types in the Copay Summary File. The F&B Task Group is requesting the differentiation between branded and generic OTCs (Over the Counter) medications in the Product Type Field. This request would change the values of the currently used codes set with the addition of a new OTC designation." The DERF/ECL was recommended to be approved with modifications to MC.
- DERF 001141 requests "The Prescription Transfer Standard Implementation Guide contains some incorrect information and requires more clarification in others. This DERF will help provide clarity around the use of this Standard." The DERF was approved with modifications.

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.
- A WG11 Year in Review presentation was provided.

Task Groups:

- The **Formulary and Benefit Task Group** brought forward DERFs 001129-001140. The task group met with WG7 task group to continue to review the draft white paper. They discussed the schedule for the regulation that would name Formulary and Benefit Version 3.0 and the implementation timeframe.
- **XML Task Group** brought forward DERF 001124. They are working through assignment of ReasonCode values to specific transaction types.
- **NCPDP/HL7 Pharmacist Functional Profile Task Group** reviewed the HL7 EHR-S Functional Model and are preparing for the specifics related to the Pharmacist/Pharmacy Provider EHR-S Functional Profile.
- The **Prescription Requirements Task Group** submitted DERFs 001122 and 001123. They discussed the Days Supply guidance and Notes guidance. They are examining new questions on the use of a serial number and coupon data exchanges.
- The **Central Fill Task Group** is monitoring the ballot for central fill items.
- 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 building 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** submitted DERFs 001126-001128. They are 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** is monitoring the ballot for prior authorization transaction functions. They discussed prior authorization paper form regulations and formed a sub task group to work on a legislative outreach document.
- The **WG11/2 Joint Drug Description Task Group** has built recommendations for consistent use of the drug description exchange for the update of the SCRIPT Implementation Recommendations document and received approval from the work group.
- The **Pharmacy to Pharmacy Prescription Transfer Task Group** has built use cases. They are 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:

- The attendees discussed issues that are coming up in some states over confusion of an electronic signature in the prescription transaction. They formed a new **Electronic Signature Task Group** to work on guidance.

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

Old Business:

- Industry/Regulatory updates were provided which included HIPAA and NCVHS.
- 2012 Year in Review was presented.

Task Group Reports:

- The **ePrescribing Task Group** – This Task Group did not meet during the last quarter. They will resume meeting with a new Task Group Lead.
- The **LTPAC Current Billing Issues Task Group** – The Task Group provided a report on the activities during the last quarter. They continue to update the editorial guidance for Medicare Part D appropriate dispensing.
- The **Review of Telecommunication Standard Appendix G Task Group** in conjunction with WG1 Telecommunication continued 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** and the **WG9 Medicare Part D FAQ Task Group**.

New Business:

- No new business was discussed.

Work Group 16 Property & Casualty/Workers Compensation

Old Business:

- Revisions to the Guidance Paper were reviewed and approved for publication contingent upon a final opportunity for comment by the work group. The comment deadline is May 21, 2013.
- An IAIABC update was provided.
- The Reconsideration Billing draft survey was reviewed and approved by the work group. The survey will be sent to providers, payers and state agencies.
- Billing of compounds was discussed.
- 2012-2013 WG16 Year in Review was presented.

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 document including glossary of terms, FAQs and detailed instruction on how the Jurisdictional Field use is requested and assigned.

New Business:

There was no new business.

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.
- WG17 2012-2013n Year in Review was presented.

Task Group Reports:

- The **Regulatory Tracking/Pedigree Task Group** reported on new legislation introduced in the House and Senate related to pedigree or tracking. Key points of an NCPDP rapid response to the Senate proposal were provided. This legislation will need to be monitored as it progresses through Congress with NCPDP responding as appropriate.

New Business:

- Based upon work group discussion in February and the recommendation of the Standardization Co-Chairs the work group was disbanded with the work effort moved to a task group under WG7 Manufacturer and Associated Trading Partner Transaction Standards. The GS1 reports will be provided in MC Maintenance and Control.

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.
- 2012 Year in Review was presented.

Task Groups:

- The **Document Revision Task Group** presented a modified CARC/NCPDP Reject Code mapping document which the WG approved.
- The **834/835 FAQ Task Group** received no new questions, therefore did not meet.
- A **DSMO Task Group** received no new DSMO Change Requests.
- The **Provider Enrollment Task Group** presented for WG approval recommendations for additions for pharmacy to the ASC X12 274.
- The **ASC X12 835 v5010 Adjustment Task Group** presented the recommendations for four business cases when a provider sends a check to the payer for approval by the Work Group. The Work Group approved the recommendations asking that they be added to the 834/835 FAQ Document.
- The **Central Pay Task Group** presented their goal for Work Group which was approved with permission to move forward with examples.

MC Maintenance and Control

Ballots:

- WG010058 received 1 negative vote that was adjudicated as not persuasive. The voter will be given the opportunity to change the vote. If the vote is not changed, the ballot will be recirculated. If the vote is changed to abstain or approve, the Telecommunication Standard Version E.3 will be sent to the NCPDP Board of Trustees for approval after a 30-day appeal period.
- WG070009R is a valid ballot having received a 77.71% approval rating. 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.
- WG110053 received 1 negative vote that was adjudicated as persuasive and editorial. The voter changed their vote to approve with comments. The SCRIPT Standard Implementation Guide, Specialized Implementation Guide and XML Standard Version to be assigned will be sent to the NCPDP Board of Trustees for approval after a 30-day appeal period.

DERFs/ECLs (see DERF Resolution

http://www.ncpdp.org/members/members_wg_info.aspx?wgid=wgmc):

- MC Maintenance and Control reviewed 34 new and pended DERFs/ECLs (see WG1, WG2, WG7, WG9, and WG11 above). The DERFs approved at this meeting will result in:
 - 4 new ballots for the May 2013 ballot period
 - WG070010 for Manufacturer Rebate Utilization, Plan, Formulary, Market Basket, and Reconciliation Flat File Standard Implementation Guide
 - WG110054 for SCRIPT, Specialized, XML Standards
 - WG110055 for Formulary and Benefit
 - WG110056 for Prescription File Transfer
 - A republication of the Billing Unit Standard Implementation Guide Version 3.Ø will be sent to the NCPDP Board for approval.

Old Business:

- Updates given:
 - HIPAA
 - DSMO Change Request 1180 and 1182
- 2012 Year in Review

Task Groups:

- The **Education/Legislation and Regulations Task Group**
 - Submitted NCPDP's response to CMS on Interoperability RFI
 - Reviewed NCPDP comments by WG1Ø Specialty and Compound Pharmacy Task Group on a discussion draft on compounding pharmacy released by the Senate HELP Committee
- The **ECL Implementation Task Group**
 - Identified the eternally maintained code sets and their associated publication/implementation dates
 - Created a draft version of the External Code updating
 - Section C – Request for Modifications
 - Section D – NCPDP Use of External Code List and Vocabularies
 - Created a Quick Reference Chart of the 13 different externally maintained code sets

- 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
 - Questions to be sent to Medical Directors regarding Certification Requirements
- The **NDC Depletion Task Group**
 - Working in conjunction of WG2 Product Identification Standard Task Group and the SPL Task Group are attempting a meeting with the FDA Office of Compliance to discuss concerns
 - Trying to work with NCVHS to get the task group concerns addressed and request their assistance in facilitating a meeting with the FDA.
 - File Freedom of Information Act request to help estimate the time when 6 digit NDC labeler codes appear on the market.
- The **PDMP White Paper Task Group** has finalized the PDMP White Paper which has been forwarded to the Office of the National Coordinator (ONC). The task group is on hold waiting recommendations from ONC.

New Business:

- The attendees received daily Work Group recaps.
- 2013 WG Co-Chairs were announced.
- 2012 MVP's were announced.