



August 2019 Work Group Recaps:

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

Work Group 1 Telecommunication

DERFs/ECLs Reviewed:

- DERF 001687/ECL 000293 was recommended for MC to approve as modified.
- DERF 001689 was pended.
- DERF 001690/ECL 000294 was recommended for MC to pend.
- DERF 001694 was approved as modified.
- DERF 001697 was withdrawn.
- DERF 001698/ECL 000298 was recommended for MC to approve as modified.
- DERF 001714/ECL 000304 was recommended for MC to approve as modified.
- DERF 001715/ECL 000305 was recommended for MC to approve.
- DERF 001716 was approved.
- DERF 001717 was approved as modified.
- DERF 001718/ECL 000306 was recommended for MC to approve as modified.
- DERF 001719/ECL 000307 was recommended for MC to pend.
- DERF 001720/ECL 000308 was recommended for MC to approve as modified.
- DERF 001721/Emergency ECL 000309 was recommended for MC to approve as modified.
- DERF 001722/ECL 000310 was recommended for MC to approve.
- DERF 001723/ECL 000311 was recommended for MC to approve.
- DERF 001724 was approved as modified.
- DERF 001725 was approved.
- DERF 001728 was approved as modified.
- DERF 001737/ECL 000315 was recommended for MC to approve as modified.
- DERF 001739/ECL 000316 was recommended for MC to approve.

Old Business:

- Use of Quantity Prescribed (460-ET) in the Telecommunication Standard claim billing - Note this field would be required for Part D Schedule II Controlled Substance claims; however, the use of this field is not limited to Part D claims.
 - 01/2019 – We have an NPRM!! - <https://www.govinfo.gov/content/pkg/FR-2019-01-31/pdf/2019-00554.pdf> The NPRM requires covered entities to use the Quantity Prescribed (460-ET) field in the August 2007 Version of the NCPDP Telecommunication Standard Version D.0 for retail pharmacy transactions for Schedule II drugs. Comments were due on April 1, 2019. The NCPDP SNIP Committee formulated NCPDP's comments.
 - 04/2019 – No decision regarding the situational rule or version has been made by the HHS CMS National Standards Group.
 - 08/2019 – No decision regarding the situational rule or version has been made by the HHS CMS National Standards Group. Final Rule expected in November 2019.

Task Groups:

- The **Telecommunication FAQ Task Group** reviewed two questions, six DERFs, a guidance document and a revision to the *Telecommunication Version D and Above Questions, Answers and Editorial Updates* document. The revision to Section 9.3.11 was approved.
 - The **FAQ Controlled Substance Guidance Update Sub-Task Group** created one DERF. The group completed the updates to the *Recommended Use of Quantity Prescribed (460-ET) in NCPDP Telecommunication Standard Version D.0* white paper. The white paper was approved. The group will continue to review state specific C2 requirements.
- The **Coordination of Benefits Task Group** reviewed and answered five questions, created one DERF and reviewed a DERF. The Government COB Basis of Reimbursement Determination question and answer was sent back to the task group for additional work. The group will begin developing transition guidance and educational materials. Three outstanding questions will be addressed in the next quarter.
- The **Information Reporting Problems Task Group** continues to work with CMS on resolution/guidance for negative PLRO in non-EGWP scenarios. The NCPDP SPAP ADAP Resource web page was updated to reference the new CMS SPAP ADAP BIN PCN list and to inform users the NCPDP list would no longer be maintained. The group continues to develop the NCPDP Best Practices Guide: *Matching N Transaction to CMS SPAP ADAP BIN/PCN List*. The group continues to review and revise the *Overview of the Medicare Part D Prescription Drug Coordination of Benefits (COB) Process* white paper.
- The **Post Adjudication Task Group** did not meet this quarter.
- The **Definition of a Valid Prescriber Task Group** created one DERF, jointly pursued a potential new taxonomy code for Assistant Physicians and addressed Precluded Provider areas of concern. A request for a new taxonomy code was submitted to the NUCC by the Assistant Physician Organization. The NUCC rejected the request as an Assistant Physician is a license type and not a provider type. While CMS does not allow Assistant Physicians to enroll, CMS agreed to research internal processes to determine if a distinct taxonomy identifier for Assistant Physicians could improve the process. NCPDP hosted a meeting with CMS/CPI to address precluded entities, Medicare-Medicaid Plans (MMPs), Dual Eligible Special Needs Plans (D-SNPs) and retro-active reinstatements. The task group will address Precluded Provider areas of concern with CMS/CPI, draft applicable NCPDP FAQs, determine next steps for Assistant Physician Provider categorization, update/remove Version D Editorial FAQs regarding Medicare Part D Prescriber Enrollment and collaborate with the RxFill Task Group in outlining business cases and drafting applicable guidance on use of the prescriber validation reason codes.
- The **Eligibility Verification Enhancements Task Group** decided to request a pilot (HIPAA waiver) using the Last Known 4RX Segment from the current version of the Telecommunication Standard and to continue using the Telecommunication Standard Version D.0 response. A payer sheet, workflow and business case are being developed and will be submitted to CMS Medicare Part D for approval. After obtaining their approval, the proposal will be submitted to the HHS/CMS National Standards Group for approval. The group created a DERF.
- The **Benefit Integration Task Group** continues to modify the Benefit Integration Implementation Guide to include Benefit Synchronization where appropriate.
- The **Standardized Subrogation Task Group** did not meet this quarter.
- The **Usage of Submission Clarification Codes (SCC) Task Group** reviewed the use of Submission Clarification Codes 47 and 48 among pharmacies, PBMs and LTPACs and created a DERF as a result of this review. The group will begin developing transition guidance for the Telecommunication Standard Version D.0 to Version F2 migration.

- The **Compound Task Group** began work on transition guidance for the Telecommunication Standard Version D.0 to Version F2 migration and guidance documentation for the Telecommunication Standard Version F2.
- The **Expanded Dollar Fields Task Group** did not meet this quarter.
- The **Clinical and Safety Edits Task Group** reviewed one pended DERF, created two new DERFs and modified Section 21.4 - Notice of Medicare Drug Coverage Rights – Rejected Claim in the *Telecommunication Version D and Above Questions, Answers and Editorial Updates* document. The group will continue to categorize the DUR codes and revisit which DUR Reason for Service Code would be used when the payer is requiring an immediate release opioid be used prior to an extended release product.
- The **Safe Harbor Chargeback Guidance Task Group** identified scenarios which could be appropriate for additional guidance and requested assistance from other task groups. This activity occurred prior to the Safe Harbor rule being withdrawn. After the rule was withdrawn, a DERF was created to remove the values previously added to support the rule. The task group will modify its name and scope to monitor legislation/regulation currently under consideration and continue the work in a manner that is not specific to the Safe Harbor Chargeback Rule.
- The **Payer-Generated Individualized Written Denial Notice Issued at Pharmacy Point of Sale Task Group** modified their name, scope and goals. Based on the work group feedback to the question regarding Medicaid claims processors and their capability to return an attachment in real-time, the task group will determine next steps to meet their goal.

Other Reportables:

- **DSMO Change Requests:** Received an update on the status of the DSMO Change Request 1201 (New Version of the Telecommunication and Batch Standards) and 1202 (New Standard - Subrogation Implementation Guide for Batch Standard).
- **WG16 Workers' Compensation Monitoring, Billing and Education TG, MC RTPB Standard TG, MC Patient ID TG, WG11 X12 270/271 Version 7030 Review TG and WG11 REMS Workflow to Transactions TG:** Received a written update on the work of these task groups.

New Business:

- **WG1 Scope and Goals** were reviewed, modified and approved as modified.
- A presentation, **Telecommunication Standard: The Next Generation**, was given. A new task group, Telecommunication Agility Next Generation (TANG), was formed.
- A discussion on the next HIPAA named version of the Telecommunication Standard occurred. There will be further discussion at the November WG meeting.

Work Group 2 Product Identification

DERFs/ECLs Reviewed:

- DERF 001726 was approved.

Old Business:

- Tammy Powell of the National Library of Medicine (NLM) provided an update on RxNorm and DailyMed.
- Lubna Merchant, M.S., PharmD, Deputy Director of the Office of Medication Error Prevention and Risk Management Division with the FDA led an open Q&A discussion on biosimilar naming with the Work Group. She provided updates and answered questions from attendees.
- Ruth Blatt, P.D., Health Insurance Specialist with CMS provided a CMS Update to the Work Group. She spoke about a recent meeting CMS hosted with NCPDP WG2 Co-Chairs and the Product Review and Billing Unit Exceptions Task Group co-leads to discuss discrepancies between NCPDP and CMS billing units.

Task Groups:

- The **Structured Product Labeling Activities Task Group** did not meet this quarter. The task group is on hiatus.
- The **Product Review and Billing Unit Exception Task Group** reviewed issues resulting from changes to existing products or to the release of new products. The task group:
 - Reviewed and submitted to WG2 for adjudication three new QUIC forms (see final adjudication determination by the WG in this report):
 - QUIC #201915 Xeris Pharmaceuticals
 - QUIC #201916 reSET and reSET-O
 - QUIC #201917 QF ProAir Digihaler
 - Provided an update on pending QUIC Form #201807 for Enbrel® and the change in the volumetric package size listed on the packaging. Amgen has obtained new NDCs for the volumetric package size labels for 1mL and 0.5mL. The new NDCs were sent to the compendia on July 19th and the product with new NDCs was shipped on August 5th.
 - Reviewed three products via email to determine the billing unit and package size.
 - For April, May and June 2019, 2,944 new SPL Billing Unit Index files were generated with no changed SPL Billing Unit Index files based on the files received by the FDA from the compendia. The compendia group has reconciled the 34 NDCs with discrepancies.
 - The task group requested feedback on a proposed modification to FAQ 7.41 within the Billing Unit Standard to include digital therapies and devices.
- The **SPL REMS Requirements Task Group** did not meet this quarter. The task group was disbanded.
- The **Naming Standards for Drugs, Biologics and Biosimilars Task Group** submitted a comment letter to the FDA in response to FDA Docket No. *FDA-2013-D-1543 Nonproprietary Naming of Biological Products: Update*. The task group also reviewed a sign-on request to a letter from the United States Pharmacopeial (USP) which was against a proposal that would remove the requirement for medicines marketed in the United States to adhere to quality standards established by USP.
- The **Application of the Billing Unit Standard Clarification Task Group** is working on the draft guidance that will provide the rationale used to determine the billing unit from past QUIC forms/products reviewed and the causes that lead to product reviews and the processes followed.
- The **Outsourcing Facility Task Group** did not meet this quarter. The task group will begin meeting next quarter.

Other Reportables:

- **WG11 REMS Workflow to Transaction Task Group, MC NDC Scarcity Task Group, and MC Digital Therapeutics Task Group:** Received updates on the work of the task groups.

New Business:

- **New QUIC Form Review and Final Adjudication:**
 - QUIC #201915 Xeris Pharmaceuticals
BU=mL and PS=0.1mL for 0.5mg and 0.2mL for 1mg per section 5.5.1 of the Billing Unit Standard.
 - QUIC #201916 reSET and reSET-O
BU=EA and PS=1 per section 5.1.6 of the Billing Unit Standard.
 - QUIC #201917 QF ProAir Digihaler
BU=EA and PS=1 per section per section 5.1.12 of the Billing Unit Standard.
- **WG2 Scope and Goals** were reviewed, modified and approved as modified.

Work Group 7 Manufacturer and Associated Trading Partner Transaction Standards

Task Groups:

- The **Medical Rebate Standard Task Group** did not meet this quarter.
- The **Medicaid Drug Rebate Program Task Group** was disbanded as their work is complete.
- The **Manufacturer Rebate Standard Task Group** discussed the Office of Inspector General's proposed rule: *Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees* and the impact to the Manufacturer Rebate Standard. The task group identified potential modifications to the Manufacturer Rebate Standard for multiple data elements in support of the HHS Safe Harbor Proposed Rule (NPRM). These modifications were not submitted based on the withdrawal of the proposed rule. The task group will continue this discussion during the next quarter. The task group also finalized the questions for the telephone survey of PBMs/Payers and Pharmaceutical organizations and the article for NCPDP Now (published August 1, 2019). The objectives of the survey are to socialize the latest rebate standard, gain a better understanding of the need for medical claim and value-based contracts data, and to encourage involvement in NCPDP Work Groups/Task Groups.

New Business:

- **WG7 Scope and Goals** were reviewed and approved.
- Government Drug Pricing Activity – On July 25, 2019, the Senate Finance Committee passed the Prescription Drug Pricing Reduction Act (PDPRA), a bipartisan bill to address prescription drug pricing. The main components of the bill are \$3,100 cap on what Medicare beneficiaries pay out-of-pocket on prescription drugs, set to take place in 2022, and a limit on prescription drug price hikes under Medicare Part D.

Work Group 9 Government Programs

DERFs Reviewed:

- DERF 001727/ECL 000312 – recommended MC pend the DERF/ECL to the WG9 Medicaid FAQ Task Group.

Task Groups:

- The **Prescription Drug Monitoring Program (PDMP) Task Group** will modify the current white paper, *NCPDP's Standards-based Facilitator(s) Model for PDMP, An Interoperable Framework for Patient Safety*, based on the recommendations from the March 12, 2019 PDMP Stakeholder Action Group. The task group began developing Phase 1 which will include data flows and requirements for the Facilitator(s) primarily using the batch (C1) transaction to receive PDMP data from dispensers. The Facilitator in turn will patient match, de-duplicate and edit data for the state PDMPs. A state may also choose to use the Facilitator(s) as their PDMP. The use of the B1 real-time reporting and risk response for a pharmacy would come in a later phase. No changes for the prescriber have been discussed. This will allow a ramp-up time for the industry. The task group also reviewed the [State PMP Tracking Document](#) and updated PMP information for the following states: Alabama, California, District of Columbia, Florida, Iowa, Nebraska, North Dakota, Oklahoma, Oregon, Utah and Virginia.
- The **340B Task Group** did not meet this quarter, however questions and comments have been received on version 2.0 of the 340B Information Exchange Reference Guide and will be reviewed next quarter.
- The **Government Programs Encounter Reporting Standards Task Group** completed work on surveys intended to illicit feedback from State Medicaid Pharmacy Directors and MCO/Processors

on several subjects including COB, reject codes and adoption timeframe. Surveys will be announced and published following the August Work Group meetings.

- The **Medicaid Frequently Asked Questions Task Group** submitted DERF 001727/ECL 000312 requesting the creation of a new reject code to be returned when state regulation(s) requires a non-Medicare Part D payer to provide a notification to the patient at point of sale any time their prescription cannot be filled under their prescription benefit and the issue cannot be resolved. The Task Group is reviewing reject code 569 data to present to CMS and is working on a potential need for a “Medicaid Notice of Rights” and a Medicaid-specific reject code in the case where MMP/Medicaid Wraps provide Part D notice of rights to the patient when the Medicaid portion of the benefit is rejecting the claim.
 - The **Medicaid Formulary Standard File Layout Sub-Task Group** submitted DERF 001735, Step Therapy Look Back (not the product being requested but what has been tried historically). The sub-task group will address payer/pharmacy messaging (and how to support as a spreadsheet). Next quarter the sub-task group will focus on the file layout.
- The **Hospice Task Group** is reviewing potential reasons Part D continues to pay Part A drugs in a high volume. The task group continues to work on a standardized Hospice Collection Notice at the request of CMS. Next quarter, the task group will continue to work with CMS on prior and new requests related to Hospice and Part D Processing, pursue the question concerning the TRC’s 071 and 072 and review modifications to the Hospice Information for Medicare Part D Plans form, page 1.
- The **Medicare Standardized Fraud, Waste and Abuse (FWA) Training Attestation Task Group** did not meet this quarter.
- The **Medicare Prescription Drug Event (PDE) Task Group** reviewed two new questions (Q72 and Q73) and continued review and resubmission of outstanding questions (Q41, Q45, Q48, Q50, Q51, Q62, Q63, and Q69). The task group discussed a question received from CMS requesting confirmation of continued issues with PDE 870 updates for maximum gap discount. The task group also discussed the OIG/HHS Safe Harbor NPRM and difficulties in guesstimating calculation changes and PDE reporting. That work is on hold pending direction from the WG1 Telecommunication Safe Harbor Chargeback Guidance Task Group.
- The **Medicare Financial Information Reporting (FIR) Task Group** worked on the components (guide, email spreadsheet and file layout) of a new PBM FIR Reject Aging Report. The plans will need to identify the contact for these reports. The availability of this report is unknown at this time. The task group also reviewed a question related to accumulators for months after a member has terminated. Next quarter the task group will continue work on the PBM FIR Reject Aging Report, review recommendations for a guide to educate auditors on situations where FIRs are not being generated and address any questions and/or review issues or concerns.
- The **Medicare Part D FAQ Task Group** reviewed pending DERFs 001698, 001714 and new DERFs 001728 and 001739 which were assigned to WG1 Telecommunication. The task group recommended consolidating the Notice of Medicare Drug Coverage Rights information currently in the Telecommunication Version D.0 FAQ and Medicare Part D FAQ and adding a chart to identify edit type, reason for the edit, effective date, CMS source and comments. The chart will be enhanced and presented for review and approval next quarter. The task group drafted an update to Question 2.83 Communicate Part B Claim Paid for a QMB Beneficiary which was approved and will be published in the Medicare Part D FAQ document. The task group is also discussing recommended updates to Chapter 14 of the Medicare Prescription Drug Benefit Manual.

- The **Medicare Card Project Task Group** reviewed a business case for returning MBI in point of service claim responses and submitted this request to CMS. On July 22, 2019 CMS responded stating this request/process will not be included in the CMS Share Policy for the MBI. The task group also received a briefing on the WG1 Eligibility Verification Enhancements Task Group “Last Known Segment Pilot” and will continue to follow the work of that task group.
- The **Coordination of Benefits Contractor (COBC)/Benefits Coordination & Recovery Center (BCRC) Task Group** identified and submitted a request to CMS to have COB-OHI records with invalid BINs and PCNs sent to plans as delete records (BIN clean-up is complete at this time). The task group worked with CMS to add Medicare Part D 4Rx information to the COB-OHI Detail record. The task group worked with CMS to change the timing of the COB-OHI files from 27 to 36 months. The task group reviewed and provided feedback to CMS on the proposed modifications to the SPAP ADAP quarterly report. The SPAP ADAP Resources web page was updated with the link to the SPAP ADAP BIN PCN List generated from the HPMS module. The task group is assisting CMS with a draft memo regarding the COB clean-up work. Next quarter the task group will continue working through the COB-OHI clean-up and priority list.
- The **Medicare Part D Multi-Payer Reconciliation Task Group** continued review of scenarios in the Multi-Payer Non-Responder Financials document to develop a best practice document.

Other Reportables:

- **WG1 Payer Generated Denial at POS Task Group** requested feedback from WG9 on the feasibility of the Medicaid claims processor generating a response (attachment or additional messaging) that is then returned to pharmacy in real-time.
- **WG1 Definition of a Valid Prescriber Task Group** provided an update to the CMS Preclusion List Format and Timeline.

New Business:

- **WG9 Scope and Goals** were reviewed, modified and approved as modified.

Work Group 10 Professional Pharmacy Services

DERFs/ECLs Reviewed:

- DERF 001729 was approved.

Old Business:

- An **USP Allergy Update** was provided to the Work Group by Shelly Spiro on behalf of Donna Bohannon of USP.

Task Groups:

- The **MTM and Pharmacist Clinical Services Task Group** submitted one DERF. DERF 001729 requests NCPDP to jointly ballot with HL7® an electronic care plan with enhanced medication management content based on the templates in the HL7® Implementation Guide for C-CDA Release 2.1: Consolidated CDA for Clinical Notes and C-CDA on FHIR® R4. The intent of this HL7®/NCPDP joint ballot request is to assure pharmacists providing clinical services documentation is interoperable and in alignment with the goals set forth in the roadmap by the Office of the National Coordinator (ONC) for Health Information Technology.
- The **Identification of Social Determinants of Health Task Group** provided an update on their work in developing Social Determinants of Health (SDoH) pharmacy use cases and assessing their applicability to NCPDP standards.
- The **Electronic Referral Task Group** provided an update on their work updating sections of the Specialized Standard Implementation guide to include requests for any type of service (not just MTM) between clinicians and pharmacies. The modified sections will be removed from the

Specialized Implementation Guide and placed into the SCRIPT Implementation Guide to spur adoption. The task group plans to submit a DERF for the November 2019 Work Group meeting.

- The **mL White Paper Task Group** reported the final authorship of the paper has been completed and task group calls will be scheduled to review and finalize the paper for publication.
- The **Universal Medication Schedule White Paper Task Group** is on hiatus pending collaboration with industry SMEs to review the paper.

Other Reportables:

- **WG14 Consultant Pharmacist Interoperability Task Group, Joint WG10/WG14 Standardized Medication Profile Task Group and WG18 Specialty Requirements for ePrescribing Task Group:** Received updates on the work of the task groups.

New Business:

- **WG10 Scope and Goals** were reviewed and approved.

Work Group 11 ePrescribing & Related Transactions

DERFs/ECLs Reviewed:

- DERF 001703 was approved.
- DERF 001704 was withdrawn by the submitter.
- DERF 001705 was approved as modified.
- DERF 001706 was pended.
- DERF 001709 was approved as modified.
- DERF 001711 was withdrawn by the submitter.
- DERF 001730 was pended.
- DERF 001731/ECL 000313 was recommended for MC to approve with modifications.
- DERF 001732/ECL 000314 was recommended for MC to approve with modifications.
- DERF 001733 was approved as modified.
- DERF 001734 was pended.
- DERF 001735 was approved.

Old Business:

- The following update on the next version of the SCRIPT Standard regulation was provided:
 - The NCPDP SCRIPT Standard Version 2017071 implementation date is January 1, 2020.
 - The September 2019 release of the QuantityUnitOfMeasure subset will have 52 values sunsetted. Notification will be sent via the NCPDP Collaborative and the NCPDP Now once the release is available.
 - A typo has been found in the schema; it will not be updated for the NCPDP SCRIPT Standard Version 2017071 but has been corrected in the recently published version of the Standard.
- An Electronic Prescriptions for Controlled Substances (EPCS) update was provided.
- A review of the approved ECL process was provided. As a result, the **SCRIPT Managed Update Task Group** was reinstated to address industry concerns.

Task Groups:

- The **Dispensed Medication Reporting Task Group** did not meet this quarter. They will meet in September to draft a letter to North Carolina letting them know the MedicationList transaction has been published.
- The **ePrescribing Regulatory Task Group** is coming off hiatus to look at guidance for RxChange for EPCS.

- The **Formulary and Benefit Task Group** brought forth DERFs 001703, 001704, 001705, 001706 and 001735 for enhancements and modifications to the Formulary and Benefit Standard. They will look at the Formulary and Benefit Operating Rules during the next quarter.
- The **Implementation of Structured Sig Task Group** did not meet this quarter.
- The **Prior Authorization Workflow to Transactions Task Group** brought forth DERF 001734 for modification to the *SCRIPT Standard Implementation Guide* and prepared comments for the CMS proposed rule: *Medicare Program; Secure Electronic Prior Authorization for Medicare Part D*.
- The **REMS Workflow to Transactions Task Group** began looking at a request from CMS to help automate some manual prescription forms used for REMS products today. The task group is working closely with the WG18 Specialty Requirements for ePrescribing Task Group. Several data elements have been identified which may need to be added to the SCRIPT messages.
- The **WG11/WG14 RxFill Task Group** reviewed the use of a substitution flag on each RxFill notification. They also reviewed ReasonCode values as they pertain to <FillStatus> of <Dispensed>, <PartiallyDispensed>, <NotDispensed> and <Transferred>. A straw poll was taken to determine support of the task group recommendation to rename the RxFill message to EventNotification.
- The **SCRIPT Implementation Recommendations Task Group** received approval for six new or modified FAQs and/or guidance for inclusion in the SCRIPT Implementation Recommendations document. One FAQ was pended back to the task group for additional work. They created two new sub-task groups.
 - The **Alternate Response Sub-Task Group** will be looking at a response status that is neither an approval nor a denial, such as an RxRenewalResponse when the patient has an upcoming appointment and the prescriber wants to await an assessment.
 - The **RxChange Guidance Review Sub-Task Group** goal is to update the RxChange language in the SCRIPT Implementation Recommendations document for the NCPDP SCRIPT Version 2017071.
 - The **Allergy and Adverse Event Sub-Task Group** brought forth DERFs 001731/ECL 000313 and 0001732/ECL 000314. They will begin looking at the SNOMED code values for allergies.
 - The **CancelRx Sub-Task Group** created guidance for matching a CancelRx message to the pharmacy prescription on file. They continue working on a DERF to update the guidance and to add new elements to the CancelRx message.
- The **X12 270/271 version 7030 Review Task Group** did not meet this quarter.
- The **XML Task Group** brought forth DERF 001709 and reviewed and provided recommendations on all submitted DERFs impacting the schema. They will be working on making the schema extensible.
- The **SCRIPT Managed Updated Task Group** was re-established to work on the ECL process flow.

Other Reportables:

- **WG14 Long Term and Post-Acute Care ePrescribing Task Group, WG18 Specialty Requirements for ePrescribing Task Group, MC Real-Time Prescription Benefit Task Group and MC Gender Transition Task Group:** Received updates on the work of the task groups.

New Business:

- **WG11 Scope and Goals** were reviewed, modified, and approved as modified.
- Recognized members present who are NSC-II Certified.

WG14 Long Term and Post Acute Care (LTPAC)

Task Groups:

- The **LTPAC Billing Issues Task Group** submitted one DERF. DERF 001687/ECL 000293 requests a new Submission Clarification Code for a shortened days supply of the same drug, strength and dosage form with multiple NDCs being used to dispense. The task group submitted a request to

update Section 9.3.11 in the Telecommunication Version D.0 Editorial Guide 'DATE OF SERVICE FOR LTPAC BILLING CLAIM' to recommend the date of dispensing for post consumption billing can either be the initial fill date of the prescription or the billing date, while stating the initial fill date is preferred. This change was requested to harmonize with guidance from CMS.

- The **Consultant Pharmacist Interoperability Task Group** did not meet this quarter but will begin work on efforts to organize a pilot that incorporates the task group's recommendations and apply FHIR® Resources to the Consult Note C-CDA.
- The **Long Term and Post-Acute Care ePrescribing Task Group** submitted one DERF. DERF 001733 requested modifications to the MessageRequestCode values of "C1" and "C3" and to sunset the value of "C2" and updates to Census in the Specialized Implementation Guide. Three new FAQs were submitted to be included in the SCRIPT Implementation Recommendations document. The scope and goals of the task group were modified to align with the original objective of the task group which was to promote multi-party exchange of messages.
 - The **Recertification Sub-Task Group** did not meet this quarter. They are looking for participation from anyone who has knowledge of the LTPAC recertification process.
- The **WG14/WG10 Standardized Medication Profile Task Group** completed the analysis of data fields and transactions available in current SCRIPT/Specialized Standards and have documented the gaps. The joint HL7® project is underway with joint status calls planned. They also reviewed other projects related to their efforts by outside organizations.
- The **WG11/WG14 RxFill Task Group** reviewed the use of a substitution flag on each RxFill notification. They also reviewed ReasonCode values which pertain to <FillStatus> of <Dispensed>, <PartiallyDispensed>, <NotDispensed> and <Transferred>. A straw poll was taken to determine support of the task group recommendation to rename the RxFill message to EventNotification.

Other Reportables:

- **WG1 Clinical and Safety Edits Task Group, WG1 Eligibility Verification Task Group, WG9 Medicare Part D FAQ Task Group, WG9 Hospice Task Group and WG11 270/271 Version 730 Review Task Group:** Received updates on the work of the task groups.
- An update was provided on other organizations who have projects impacting long-term and post-acute care setting.

New Business:

- **WG14 Scope and Goals** were reviewed, modified and approved as modified.

Work Group 16 Property and Casualty/Workers' Compensation

Task Groups:

- The **Workers' Compensation Monitoring, Billing and Education Task Group** provided legislative and regulatory updates for the following states: Kentucky, Mississippi, and New York.
- The **Future Development Needs for WC/PC Task Group** did not meet this quarter. The task group will go on hiatus until a topic is brought forth for discussion.

New Business:

- **WG16 Scope and Goals** were reviewed and approved.

Work Group 18 Specialty Pharmacy

Task Groups:

- The **Specialty Pharmacy Data Exchange Task Group** prioritized use cases and began to build the 'Inventory' use case.

- The **Specialty Requirements for ePrescribing Task Group** created a formal request to the Standardization Committee to use FHIR® to develop the Specialty transaction. The task group met with both the MC Digital Therapeutics Task Group and the WG11 REMS Workflow-to-Transaction Task Group to discuss additional use cases for the Specialty transaction.
- The **Stakeholder Outreach and Education Task Group** finalized enhancements to the Specialty page of the NCPDP website and an educational flyer outlining reasons for stakeholders to join NCPDP and WG18. The task group also created a Specialty Industry Educational activity folder in the WG18 folder on the NCPDP Collaborative Workspace to store Specialty related presentations and links to Specialty related articles/blogs.
- The **Benefit Coverage Identification Task Group** continued working on a White Paper to help identify the benefit source for specialty medication areas.

Other Reportables:

- **WG1 Expanded Dollar Fields Task Group, WG11 Formulary & Benefit Task Group, WG11 Prior Authorization Workflow-to-Transaction Task Group, WG11 REMS Workflow-to-Transaction Task Group, and MC Real Time Prescription Benefit Standard Task Group:** Received updates on the work of the task groups.

New Business:

- **WG18 Scope and Goals** were reviewed, modified and approved as modified.
- There was a guest presentation on Nuclear Pharmacy Electronic Prescriptions.

Work Group 45 External Standards Assessment, Harmonization and Implementation Guidance

Old Business:

- Industry updates were provided for WEDI, NCPDP SNIP, CAQH CORE, and X12.

Task Groups:

- The **DIR 835 Reporting Task Group** provided an update on the X12 Inter SDO process for the *NCPDP Direct/Indirect Remuneration (DIR) Reporting Recommendations* document that was approved at May Work Group. The task group is on hiatus pending the outcome of the Inter SDO approval request.
- The **Document Revision Task Group** received approval from the Work Group on two copies of the NCPDP CARC Mapping document that contains changes to CARC codes from the June 2019 X12 Standing Meeting. Both copies contain changes dependent on the outcome of the Inter SDO approval of the *NCPDP Direct/Indirect Remuneration (DIR) Reporting Recommendations* document. The task group reported the request to X12 for a new CARC code 'Pharmacy Payment Adjustment Due to an Audit' was denied by the X12 Code Committee. The Code Committee recommended using '216 - Based on the findings of a review organization'. The task group agreed to this recommendation and this code has been incorporated into the revised version of the *Payer Audit Reporting Transaction* document. The document was approved as modified by the Work Group. The task group continues revising the *X12N/005010X220A1 Benefit Enrollment and Maintenance (834) and the X12N/005010X221A1 Health Care Claim Payment/Advice (835) Questions and Answers* document as an action item from the Standardization Committee to ensure consistency in format as well as in questions and answers. The F2 Tracking Spreadsheet template has been completed and is on hold pending guidance from SNIP on the timeline on adoption of the next Telecommunication version.
- The **Pharmacy and/or Combination ID Card Task Group** did not meet this quarter.
- The **X12 7030 834/835 TR3 Review Task Group** did not meet this quarter.
- The **834/835 FAQ Task Group** did not meet this quarter.

- The **DSMO Task Group** received no DSMO requests for review.

New Business:

- **WG45 Scope and Goals** were review and approved.

MC Maintenance and Control

DERFs/ECLs Reviewed: 24 new and 14 pended DERFs/ECLs were reviewed (see WG1, WG2, WG9, WG10 and WG11).

- DERF 001687/ECL 000293 was approved with no further modifications.
- DERF 001689 was pended.
- DERF 001690/ECL 000294 was pended.
- DERF 001694 was approved with no further modifications.
- DERF 001697 was withdrawn and replaced by DERF 001728.
- DERF 001698/ECL 000298 was approved with no further modifications.
- DERF 001703 was denied.
- DERF 001704 was withdrawn.
- DERF 001705 was pended.
- DERF 001706 was pended.
- DERF 001709 was approved with no further modifications.
- DERF 001711 was withdrawn.
- DERF 001712 was approved with modifications.
- DERF 001714/ECL 000304 was approved with no further modifications.
- DERF 001715/ECL 000305 was approved.
- DERF 001716 was approved.
- DERF 001717 was approved with no further modifications.
- DERF 001718/ECL 000306 was approved with no further modifications.
- DERF 001719/ECL 000307 was pended.
- DERF 001720/ECL 000308 was approved with no further modifications.
- DERF 001721/Emergency ECL 000309 was approved with no further modifications.
- DERF 001722/ECL 000310 was approved.
- DERF 001723/ECL 000311 was approved.
- DERF 001724 was approved with no further modifications.
- DERF 001725 was approved.
- DERF 001726 was approved.
- DERF 001727/ECL 000312 was pended.
- DERF 001728 was approved with no further modifications.
- DERF 001729 was approved.
- DERF 001730 was pended.
- DERF 001731/ECL 000313 was approved with no further modifications.
- DERF 001732/ECL 000314 was approved with modifications.
- DERF 001733 was approved with no further modifications.
- DERF 001734 was pended.
- DERF 001735 was approved.
- DERF 001736 was pended.
- DERF 001737/ECL 000315 was approved with further modifications.
- DERF 001738 was pended.
- DERF 001739/ECL 000316 was approved.

Old Business:

- Received updates on:
 - Board of Trustees
 - HIPAA
 - SNIP Committee
 - DSMO Change Request System (CRS) Requests No. 1201 and 1202

Task Groups:

- The **Education/Legislation and Regulations Task Group** drafted and submitted comments to the Office of the National Coordinator for Health Information Technology (ONC) on the *Trusted Exchange Framework and Common Agreement (TEFCA) Draft 2*. The task group also drafted and submitted comments to Centers for Medicare & Medicaid Services (CMS) on *Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2020 Rates; Proposed Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Proposed Requirements for Eligible Hospitals and Critical Access Hospitals (IPPS_FY2020_CMS-1716-P)*.
- The **Real Time Prescription Benefit Standard Task Group** modified the supporting documentation for pended DERF 001712 to improve the proposed Real-Time Prescription Benefit Standard to best meet the industry's business needs and expected capabilities for the transaction. The DERF was approved with modifications.
- The **API Task Group** submitted DERF 001738 for the NCPDP API Connectivity Rules document completed this quarter. The DERF was pended back to the task group for additional work.
- The **Emergency Preparedness Task Group** did not meet this quarter.
- The **X12 TR3 Comment Consolidation Task Group** did not meet this quarter.
- The **ECL Task Group** completed review of reject code values without a possible field number in error to determine if there may be an applicable field number in error to list. As a result, DERF 00001719/ECL 000307 was created to request the addition of field number in error for reject codes where applicable. Work Group 1 pended the DERF to the WG1 FAQ Task Group for review.
- The **Gender Transition Task Group** developed and submitted DERF 001716 for a data element, "Sex Assigned at Birth" and DERF 001737 for two ECL values for Result of Service Code (441-E6). The task group also discussed and decided to not rename the current patient gender fields to "administrative gender" at this time. DERF 001716 was pended back to the task group and DERF 001737 was approved with modifications.
- The **Patient Identification Task Group** did not meet this quarter. The *Universal Patient Identifier Guidance Document* was published in July. The task group's request to disband since their assigned work is completed was approved by the Work Group.
- The **Harmonization Formation Task Group** continued to identify the harmonization strengths and weaknesses of current NCPDP documents and processes and reviewed potential recommendations to determine if they are in line with the defined benefits and values of harmonization. Discussions were focused on the DERF review and adjudication process and the ECL.
- The **Digital Therapeutics Task Group** met with WG18 Specialty Requirements for ePrescribing to determine joint development opportunities for the business use cases of (1) patient enrollment for programs or services, (2) request for additional information to facilitate dispensing and (3) billing and possible clinical care management, education, and training. The task group also confirmed that no additional data elements are needed for the SCRIPT NewRx transaction and the Telecommunication Claim Billing Request transaction to support the electronic prescribing and pharmacy billing of a Digital Therapeutic product.

- The **NDC Scarcity Task Group** did not meet this quarter.

New Business:

- New Project Development Form 000052 Electronic Patient Consent was approved with a recommendation for the Standardization Committee to recommend either a new task group or assign to an existing task group. Two individuals expressed interest in serving as task group co-leads.
- **MC WG Scope and Goals** were reviewed and approved.
- The attendees heard an update on the WG9 Prescription Drug Monitoring Programs Task Group.
- The attendees received recaps of each Work Group's activities.