



February 2024 Joint Technical Work Group Recaps:

For results of Data Element Request Forms (DERFs) and External Code List (ECLs) reviewed see DERF Resolution at <https://member.ncpdp.org/work-groups.aspx?ID=wgmc>.

Work Group 1 Telecommunication

DERFs Reviewed:

- DERF 001966/ECL 000403 was recommended to MC to approve.
- DERF 001974 was withdrawn.
- DERF 001976/Emergency ECL 000410 was withdrawn.
- DERF 001986/Emergency ECL 000413 was recommended to MC to approve as modified.
- DERF 001987/Emergency ECL 000414 was recommended to MC to approve.
- DERF 001988/Emergency ECL 000415 was recommended to MC to pend.
- DERF 001989/Emergency ECL 000416 was withdrawn.
- DERF 001990/ECL 000417 was recommended to MC to approve as modified.
- DERF 001991/ECL 000418 was recommended to MC to pend.
- DERF 001992/ECL 000419 was recommended to MC to pend.
- DERF 001993/ECL 000420 recommended to MC to approve as modified.
- DERF 001994/ECL 000421 was recommended to MC to approve as modified.
- DERF 001995 was approved as modified.

Task Groups:

- The **Telecommunication FAQ Task Group** is looking for assistance from the WG7 Manufacturer Rebate Standard Task Group to answer Question D-236 – Claim flag/indicator to note “not eligible for drug rebates from the manufacturer” and seeking volunteers to draft FAQs for F-3 – Clarify Use of Multiple Rx, Originally Prescribed and associated fields and F-5 – Response Patient ID Fields (618-RR, 331-CX and 332-CY). They also reviewed other FAQs, DERFs and disbanded WG1 Invalid SCC Combinations Sub-Task Group. Two FAQs regarding the DAW change in DERF 001966 were approved for publication in the *Telecommunication Version D.0 and Above Questions, Answers and Editorial Updates*.
 - The **Adjudicated Program Type Sub-Task Group** drafted FAQs on how and when to use new Adjudicated Program Type-related fields, discussed the potential need for a new value for Federal Employee Health Benefit (FEHB) program and responded to Wisconsin Medicaid’s request for a chronic disease value.
- The **P and C/WC Monitoring, Billing and Education Task Group** did not meet this quarter.
- The **Coordination of Benefits (COB) Task Group** drafted an FAQ on how and when to populate Other Payer Name (D23-M5) in the Response Other Payers segment that was approved for inclusion in the *Telecommunication Version F6 and Above Editorial and Best Practices*, drafted transition guidance regarding the reduction in the number of Other Payer repetitions in the COB segment and drafted transition guidance examples for COB Other Payer-Patient Responsibility Amount (OPPRA) tax scenarios. The task group also discussed the possibility of an F6 COB webinar

in late 2024 and published an FAQ for Coordination of Benefits/Other Payments Count (337-4C) transition guidance in the COB Task Group's FAQ document.

- The **Information Reporting Problems Task Group** reviewed Medicare Prescription Payment Plan reject codes and scenarios and discussed Information Reporting and Financial Information Reporting Report Distribution Missing Emails and how to submit their information to RelayHealth. The task group began working on examples and question for CMS for the scenario where the patient pay amount on the N transaction is higher than the amount on the primary Part D claim and also created a discussion outline to continue Telecommunication Standard vD.0 to VF6 transition guidance.
- The **Definition of a Valid Prescriber Task Group** continued working on prescriber related updates to the *Telecommunication Version D and Above Questions, Answers and Editorial Updates* and refining their Medicaid and Medicare prescriber matrices and flow diagrams. They created a new FAQ for Reject Code (511-FB) value 71 that was approved for publication in the *Telecommunication Version D and Above Questions, Answers and Editorial Updates* and requested comment updates to Reject code (511-FB) value 876 in DERF 001994/ECL 000421 which were approved with modifications.
- The **Benefit Integration Task Group** continued their review of the Benefit Integration Implementation Guide, an examples document for benefit synchronization and related layout documents.
- The **Clinical and Safety Edits Task Group** moved their meeting time to 2:00 p.m. Central Standard Time (CST) from 12:00 p.m. CST and continued working on an FAQ and potential DERFs around using DUR, Reject or Approved Message Code values to communicate plan limitations for the number of fills allowed before a claim is rejected without prior authorization.
- The **Telecommunication Agility Next Generation (TANG) Task Group** did not meet this quarter but will advocate for the DERFs that will revise data structures for the Telecommunication Standard in JSON.
- The **Pharmacy Services Billing Task Group** drafted and reviewed guidance for Section 1 – Purpose, Section 6 – Claim Response Transactions, Section 7 – Use Cases and Section 8 – Payer Sheet for the Service Billing Guidance Document. The task group agreed to point to the existing Telecommunication Standard Version D.0 S1 Payer Sheet Example within the Telecommunication vD.0 Payer Sheet Template.
- The **Eligibility Verification Enhancements Task Group** drafted and submitted DERF 001991/ECL 000418 which was pended. The task group reviewed DERF 001992/ECL 000419 regarding Medicare Advantage (MA) Only plans and made a recommendation for the WG1 Adjudicated Program Type Sub-Task Group to evaluate the need to update Adjudicated Program Type (A28-ZR) value 13 for use with MA Only plans.
- The **Expanded Dollar Fields Task Group** drafted an FAQ for inclusion in *Telecommunication Version D and Above Questions, Answers and Editorial Updates* and a guidance document, *Electronic Billing of Million Dollar Claims Using Telecommunication Standard Version D.0 Guidance Document*, about million-dollar claims that was transferred from WG1 Telecommunication FAQ Task Group. Both items were approved for publication.
- The **Post Adjudication Task Group** did not meet this quarter.
- The **Standardized Subrogation Task Group** worked on transition guidance from Telecommunication Standard Version D.0 to F6. The task group also submitted DERF 001995 updating the Batch Standard Subrogation Implementation Guide to align with Telecommunication Standard Version F6 and submitted updates to the Data Dictionary and ECL to add Batch Standard

Subrogation as a standard using the data elements. The DERF was approved with modifications and will go to ballot.

Other Reportables:

- **DSMO Change Request, WG19 Real-Time Prescription Benefit Standard Task Group, WG19 REMS Workflow to Transaction Task Group and SNIP Committee:** Recaps for these topics, task groups and committee can be found in the WG1 download materials.

New Business:

- The WG1 Universal Claim Form (UCF) Task Group was formed to identify needed changes to the Universal Claim Form to accommodate Telecommunication Standard Version F6.
- An informal poll of the attendees was conducted on creating guidance to use Reject Code (511-FB) value 77 (Discontinued Product/Service ID Number) beginning March 9, 2024, in response to claims submitting discontinued NDCs for oral anti-virals procured by the government. A small group will move forward drafting and publishing an FAQ.
- NCPDP Telecommunication Standard Version F6 certified members were recognized.
- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.

Work Group 2 Product Identification

Task Groups:

- The **Product Review and Billing Unit Exception Task Group** reviewed one QUIC Form. The task group's small working group is continuing to review the Billing Unit Standard (BUS) Implementation Guide for updates and identified the need to update FAQ 7.39 relating to quickly decaying radiopharmaceuticals and to add an FAQ for the genetic copy of measurements in reference to QUIC form 202204 HEMGENIX®. Additionally, the task group provided clarification on the re-use of NDC numbers.
- The **Naming Standards for Drugs, Biologics and Biosimilars Task Group** heard a presentation from National Association of Boards of Pharmacy (NABP) regarding regulations governing pharmacy-level substitution of biosimilars and resultant difficulties in electronic prescription processing for interchangeability. The task group discussed comments submitted to the Food and Drug Administration (FDA) by other organizations regarding the September 2023 draft guidance to the industry on *Labeling for Biosimilar and Interchangeable Biosimilar Products*.
- The **Outsourcing Facility Task Group** was disbanded.
- The **WG2 Dates Associated with Pharmaceutical Products Task Group** continued to review compendia, FDA, Centers for Medicare & Medicaid Services (CMS) and newly created dates in the *Dates Associated with Pharmaceutical Products* white paper.

Other Reportables:

- **WG19 REMS Workflow to Transaction Task Group, WG19 NDC Scarcity Task Group and WG19 Digital Therapeutics Task Group:** Recaps for these task groups can be found in the WG2 download materials.
- Chris Hui of National Library of Medicine (NLM) provided an update on RxNorm and DailyMed.

New Business:

- New QUIC Form Review:
 - QUIC #202401 CASGEVY™
WG2 approved assignment of BU = EA per section 5.1.7 of the BUS with a package size of 1 for NDC 51167-290-09.

- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.

Work Group 7 Manufacturer and Associated Trading Partner Transaction Standards

DERFs Reviewed:

- DERF 001996 was approved.
- DERF 001997 was approved.

Task Groups:

- The **Manufacturer Rebates Standard Task Group** continued analysis of the Telecommunication Standard VF6 DERFs impacting the Manufacturer Rebate Standard data elements and made updates to the implementation guide to reflect the changes within previously approved DERFs. The task group also addressed an inquiry from the WG1 Telecommunication FAQ Task Group.
- The **Medical Rebate Standard Task Group** submitted DERF 001997 which requests the approval for updates and the inclusion of two new fields in the Medical Rebate Standard Implementation Guide.
- The **Specialty Pharmacy Data Exchange Task Group** continued the discussions about the global status file and statuses within the file. The task group also worked on determining the need for unique statuses and substatuses for the prescription journey.

New Business:

- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.

Work Group 9 Government Programs

Task Groups:

- The **Prescription Drug Monitoring Programs Task Group** continued monitoring state prescription monitoring program (PMP) activity and updated the State PMP Tracking Document which was approved for publication on the NCPDP website by WG9.
- The **Medicare Part D Coordination of Benefits Other Health Insurance (COB-OHI) Data Sharing Task Group** worked with the Centers for Medicare and Medicaid Services (CMS) to coordinate the timing of the Annual Full File for 2024. The task group assisted CMS in drafting communication to inform recipients of changes made to the Annual Full File. The task group also worked on updating the COB Industry Updates spreadsheet.
 - The **Government Funded Entitlement Programs Sub-Task Group** worked with the World Trade Center (WTC) Health Program Office of General Council (OGC) to draft a memo providing guidance on coordination of benefits with the WTC for publication. The memo was published on November 29, 2023.
 - The **Workers' Compensation Medicare Set-Aside Arrangement (WCMSA) Sub-Task Group** drafted and submitted correspondence to CMS which included proposed changes to the CMS WCMSA Reference Guide to encourage the beneficiary or administrator to contact the plan about WCMSA-related products.
- The **Hospice Task Group** received updates from Hospice Pilot participants on the number of 837I transactions received to date and began reviewing the Hospice Plan Savings Report. The task group also distributed a survey to task group participants to determine availability for a new meeting time. The task group decided to change their meeting date, time and cadence to bi-weekly Wednesdays at 11:00 a.m. CT.
- The **Medicare Financial Information Reporting (FIR) Task Group** worked with the Medicare

Transaction Facilitator to update the Non-Participating Programs of All-Inclusive Care for the Elderly (PACE) Plan report and discussed FIR errors being received by payers.

- The **Medicare FAQ Task Group** reviewed guidance for 2025 Medicare Part D Redesign and requested feedback from other task groups on this topic. The task group also drafted an FAQ for publication in the Medicare Part D FAQ Document regarding Benefit Stage Amounts, which was approved by WG9.
 - The **Insulin Pump Sub-Task Group** submitted correspondence to the Medicare Learning Network (MLN) and Durable Medical Equipment (DME) Medicare Administrative Contractors (MACs) proposing updates to training documents for providers and payers.
- The **Medicare Prescription Payment Plan Program Task Group** drafted DERFs 001986/Emergency ECL 000413 and 001987/Emergency ECL 000414, which were approved by WG1 Telecommunication. The task group also reviewed implementation guidance, documented questions for future guidance and reviewed work flows for Approved Message Code (548-6F) values.
- The **Maximum Fair Price Front-End Flow Task Group** worked with the WG9 Maximum Fair Price Back-End Processing Task Group to discuss the data elements needed for transaction flows between the Part D plan, Medicare Transaction Facilitator (MTF), pharmacy and manufacturer. The task group also had a discussion with drug compendia representatives on how and when Maximum Fair Price drugs will be represented.
- The **Maximum Fair Price Back-End Processing Task Group** worked with the WG9 Maximum Fair Price Front-End Flow Task Group to continue reviewing the required data fields necessary for manufacturers to process claims data.
- The **Medicare Part D Section 111 Issues and Questions Task Group** reviewed the CMS Final Rule on Medicare Part D Section 111 Civil Monetary Penalties (CMPs) and began researching an issue with merged OHI records for members with multiple Responsible Reporting Entities (RREs).
- The **Medicare Prescription Drug Event (PDE) Task Group** closed four questions previously submitted to CMS and submitted four new questions to CMS. The task group also reviewed three CMS memos.
- The **Medicaid Pharmacy Encounters Reporting Standard Task Group** continued their comparative analysis between the Medicaid Pharmacy Encounter Reporting Standard and the Telecommunication Standard VF6. The task group began identifying changes needed in the Medicaid Pharmacy Encounter Reporting Standard Implementation Guide as a result of the analysis and discussed options available to support fixed-format encounter reporting of claims submitted to Managed Care claims processors in both Telecommunication formats (D.0 and F6) during the F6 transition period.
- The **Medicaid FAQ Task Group** reviewed and provided feedback on a question from the WG1 Adjudicated Program Type Sub-Task Group about chronic disease program and whether it requires its own program type.
- The **340B Task Group** did not meet this quarter.
- The **Medicare Standardized Fraud, Waste and Abuse Training Attestation Task Group** did not meet this quarter.

New Business:

- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.

Work Group 10 Professional Pharmacy Services

Task Groups:

- The **MTM and Pharmacist Clinical Services Task Group** is still waiting for the HL7® Patient Care Work Group (PCWG) to ballot the *Multiple Chronic Condition (MCC) Dynamic Electronic Care (eCare) Planning and Management Fast Health Interoperability Resource (FHIR®) Implementation Guide* profile for patients and clinical team ([MCC eCare Plan efforts](#)). NCPDP/HL7® *Pharmacist eCare Plan C-CDA template and Fast Healthcare Interoperability for FHIR® release 4* is published by HL7® and NCPDP. The task group needs to be thinking about how US Core (The US Core Implementation Guide is based on FHIR® Version R4 and defines the minimum set of constraints on the FHIR® resources to create the US Core Profile FHIR® v4.0.1) and FHIR® release 5, which is currently being developed, will impact the eCare plan. The MCC eCare Plan project developed a patient interfacing application (FHIR® Application Programming Interface (API) of a MCC care plan for the patient to see and interact with their care plan and a clinical interfacing FHIR® API). These FHIR® APIs are being piloted at Oregon Health & Science University (OHSU) with EPIC.
- The **Pharmacogenomics Task Group** new task group leads met independently to review and discuss the current state of the task group. They discussed items like alignment of the existing task group scope with a new proposed scope, rationale for the reassessment of the scope, having an emphasis on education and standardizing the approach and value proposition. These changes are being made to align with the NCPDP Strategic Initiative. The task group will reconvene next quarter to socialize these changes with the task group members.
- The **WG14/WG10 Standardized Medication Profile Task Group** continued to work on two projects. The first project is writing a white paper or guidance document to assist API vendors on how to access medication lists and perform medication reconciliation. The second project is building a standard FHIR® resource for a standardized medication profile (SMP) based off the *HL7®/NCPDP Standardized Medication Profile* white paper.
- The **Identification of Social Determinants of Health Task Group** elected to go on hiatus until further work is needed. The co-leads would like to thank Shelly Spiro for her leadership of this and many other task groups and wish her well in retirement.
- The **WG10/WG11 Patient Consent Task Group** worked toward supporting the two priority task group business cases within the *NCPDP/HL7® Specialty Medication Enrollment FHIR® Implementation Guide* (Unsolicited Consent transmission (priority), Consent Request/Response from the dispenser to the prescriber/clinic (priority) and Consent Notification during the encounter). The group reviewed content supporting patient consent workflows currently in the *HL7® Specialty Medication Enrollment FHIR® Implementation Guide*. They discussed challenges regarding a need for EHRs to implement the implementation guide's consent transmission and workflow requirements. The task group explored alternative approaches including:
 - Leveraging RxChange as a means of notifying the prescriber consent is needed. This approach would require modifications to support consent actions and convey consent forms and/or links to retrieve them.
 - Using FHIR®'s Clinical Decision Support (CDS) Hooks method to alert the prescriber of a consent requirement during the ordering process, a SMART application launch to present a consent form and to capture authorizations. Discussed recent regulation requiring the use of a similar FHIR® workflow for medical prior authorization.
- The **mL White Paper Task Group** did not meet this quarter. Key authors of the *NCPDP Recommendations for Standardizing Dosing in Metric Units (mL) on Prescription Container Labels of Oral Liquid Medications V2.0* have been engaged to compare newly published materials on the topic to the recommendations in the white paper. Once feedback from the authors is received, a task group call will be scheduled to determine if updates to the white paper are needed.

Other Reportables:

- **WG1 Pharmacy Services Billing Task Group, WG14 Consultant Pharmacist Interoperability Task Group and WG20 Health Equity Task Group:** Recaps for these task groups can be found in the WG10 download materials.
- Industry Updates:
 - Thomas Sherrer, PharmD, Lead Network Luminary, from CPESN® Georgia, provided an industry update on the Pharmacist eCare Plan. .
 - Afton Wagner of Walgreens provided an industry update on the ONC Health Information Technology Advisory Committee (HITAC) Pharmacy Interoperability and Emerging Therapeutics Task Force Recommendation.

New Business:

- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.

Work Group 11 ePrescribing & Related Transactions

DERFs Reviewed:

- DERF 001998 was approved as modified.
- DERF 001999 was approved as modified.
- DERF 002000 was approved.
- DERF 002001 was approved.
- DERF 002002 was approved.

Task Groups:

- The **ePrescribing Regulatory Task Group** did not meet this quarter.
- The **Formulary and Benefit Task Group** brought forth DERF 002001 to add messaging to the Alternatives file and DERF 002002 to remove the Copay Summary from the Formulary and Benefit Standard. The task group continued working on transition guidance from V3.0 to V60.
- The **Implementation of Structured Sig Task Group** continued discussions on the request to add additional DoseUnitOfMeasure values to the NCPDP NCIt Subset maintained by the National Library of Medicine (NLM).
- The **Pharmacy Product Locator Task Group** did not meet this quarter. The task group will be restarting the meetings next quarter and are looking for more participation.
- The **Prior Authorization Workflow-to-Transactions Task Group** began review of the prior authorization related guidance in the *SCRIPT Implementation Recommendations* document and the SCRIPT Implementation Guide.
- The **RxChange Task Group** brought forward DERF 001999 to update the length of the element ChangeReasonText to 350 characters and DERF 002000 for updates to the SCRIPT Implementation Guide. They received approval to publish as modified a new FAQ related to the use of MessageRequestSubCode values and the appropriate MessageRequestCode in the *SCRIPT Implementation Recommendations* document.
- The **SCRIPT Implementation Recommendations Task Group** received approval for the modifications/removals to the *SCRIPT Implementation Recommendations* document. See the 202402 WG11 SIR_documentation_FAQ Updates in the [WG11 February 2024 Supporting Documentation](#) download for the details.
 - The **RxRenewal Review Sub-Task Group** received approval for the removal of RefillResponse with Different Drug Name from the *SCRIPT Implementation Recommendations* document. The FAQ of “Can the PrescriberAgent elements be used

to record information for a covering prescriber on a fillable or non-fillable transaction?” was pended back to the task group for additional work.

- The **XML and JSON Task Group** brought forth DERF 001998 to move the XML related information from the Benefits Integration Standard Implementation Guide into the XML Standard Implementation Guide and reorganizes the XML Standard Implementation Guide. They continued the work necessary to move the XML schema to the JSON format, which includes initial schema conversion, creation of a macro to correct issues found during the conversion, harmonization of datatypes used in the SCRIPT Standard with the Telecommunication Standard and began reviewing the implementation guides.
- The **WG10/WG11 Patient Consent Task Group** worked toward supporting the two priority task group business cases within the *NCPDP/HL7® Specialty Medication Enrollment FHIR® Implementation Guide* (Unsolicited Consent transmission (priority), Consent Request/Response from the dispenser to the prescriber/clinic (priority) and Consent Notification during the encounter). The group reviewed content supporting patient consent workflows currently in the *HL7® Specialty Medication Enrollment FHIR® Implementation Guide*. They discussed challenges regarding a need for EHRs to implement the implementation guide’s consent transmission and workflow requirements. The task group explored alternative approaches including:
 - Leveraging RxChange as a means of notifying the prescriber consent is needed. This approach would require modifications to support consent actions and convey consent forms and/or links to retrieve them.
 - Using FHIR®’s Clinical Decision Support (CDS) Hooks method to alert the prescriber of a consent requirement during the ordering process, a SMART application launch to present a consent form and to capture authorizations. Discussed recent regulation requiring the use of a similar FHIR® workflow for medical prior authorization.
- The **WG14/WG11 LTPAC ePrescribing Task Group** continued working on a short-term and long-term solution for discharge prescriptions.

Other Reportables:

- **WG1 Eligibility Verification Enhancements Task Group, WG1 Telecommunication Agility Next Generation (TANG) Task Group, WG19 Real-Time Prescription Benefit Task Group, WG19 API Task Group and WG19 REMS Workflow to Transactions Task Group:** Recaps for these task groups can be found in the WG11 download materials.
- Kim Boyd of Boyd Consulting Group provided an update on state and federal trends to adopt NCPDP standards.
- Chris Hui of National Library of Medicine provided an RxNorm update.

New Business:

- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.

WG14 Long Term and Post Acute Care (LTPAC)

Task Groups:

- The **LTPAC Billing Issues Task Group** completed the Telecommunication Version F6 Guidance, Telecommunication Standard D.0 to F6 Transition Guidance, Short Cycle Validity Matrix and Submission Clarification Code (SCC) Dispense Frequency Combinations Spreadsheet. The transition guidance, Validity Matrix and SCC Dispense Frequency Combinations Spreadsheet were approved for publication. The Telecommunication Standard F6 editorial guidance was pended to the task group for modifications.

- The **Consultant Pharmacist Interoperability Task Group** is on hiatus and did not meet this quarter.
- The **WG14/WG11 LTPAC ePrescribing Task Group** continued working on a short-term and long-term solution for discharge prescriptions.
- The **WG14/WG10 Standardized Medication Profile Task Group** continued to work on two projects. The first project is writing a white paper or guidance document to assist API vendors on how to access medication lists and perform medication reconciliation. The second project is building a standard FHIR® resource for a standardized medication profile (SMP) based off the *HL7®/NCPDP Standardized Medication Profile* white paper.

Other Reportables:

- **WG1 Eligibility Verification Task Group, WG9 Medicare FAQ Task Group, WG9 Hospice Task Group and WG1 Clinical and Safety Edits Task Group:** Recaps are provided in the WG14 download materials.
- Gary Schoettmer of Stone Arch, LLC, WG14 co-chair, provided a LTPAC industry update.

New Business:

- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.

Work Group 19 NCPDP Standards Coordination

Task Groups:

- The **Emergency Preparedness Task Group** did not meet this quarter.
- The **Real-Time Prescription Benefit Standard Task Group** worked on several use cases including prescriber/multi-medication RTPB requests, pharmacist/multi-medication RTPB requests and communication of beneficiary eligibility for enrollment in Medicare Prescription Payment Plan on an RTPB Response. Reviewed DERF 001998 modifying the XML Standard and approved proposed changes.
- - The **Consumer and Provider RTPB Standards Monitoring Sub-Task Group** did not meet this quarter.
 - The **Related RTPB Law Review Sub-Task Group** did not meet this quarter.
- The **Digital Therapeutics Task Group** met with Digital Therapeutics Alliance (DTA) and reviewed their work with Point-of-Care Partners through a grant from NCPDP. The task group provided feedback on several questions provided by DTA.
- The **NDC Scarcity Task Group** discussed GS1 reformatted identifiers and the proposed Food and Drug Administration (FDA) NDC change (alpha/numeric vs expansion to 12 digits). Once survey results have been collated, the task group will host a call with GS1 representatives to discuss the best way for partners to resolve any challenges a reformat of identifiers may present.
- The **COVID Post PHE Task Group** discussed the FDA’s announcement regarding the transition from Emergency Use Authorization (EUA) approval to the regular approval process for COVID tests. The task group discussed X12/005010X221A1 Health Care Claim Payment/Advice (835) post-adjudication denial of Current Procedural Terminology (CPT®) Code 90472 secondary administration fee. The task group discussed the commercialization of oral anti-viral products. The task group continued to review and update the *NCPDP Emergency Preparedness Guidance* as it relates to the COVID-19 Public Health Emergency (PHE) references and discussed potential conflicts with the product name and description associated to the patient assessment by pharmacist’s pseudo-NDC, as it references an EUA product.

- The **REMS Workflow to Transaction Task Group** continued development and description of REMS Reversal transactions. The task group identified documents that need to be created and/or updated, including schemas for REMS Reversal Request and Response transactions, implementation guide content and potential FAQs. A DERF has been drafted for these transactions, which will be presented at a future work group meeting. The task group will continue to follow the developments under HL7®'s CodeX FHIR® Accelerator of a new REMS process and workflow.
- The **API Task Group** requested and received approval to update their scope statement. They determined that API development would be the top priority for the task group.
- The **Reject Code Standardization Task Group** made updates to their task group name and scope. These changes were approved by WG19.

New Business:

- There was a discussion on changes in over the counter (OTC) coverage impacting NCPDP Standards and workflow processes.
- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.

WG20 Coordination of Care and Innovation

Task Groups:

- The **Health Equity Task Group** began documenting in their Health Equity Data Tracker the Health Equity concepts in USCDI, noting the NCPDP Data Dictionary, ECL, Standards overlapping elements.
- The **Admit, Discharge and Transfer (ADT) Notification for Pharmacy Task Group** evaluated the Direct Trust's Event Notifications via Direct Standard and discussed use cases. The task group determined the ADT information would be valuable for pharmacies and decided to develop an industry guidance and recommendations document about ADT notifications and pharmacy.

Other Reportables:

- **WG10 Pharmacogenomics (PGx) Task Group:** An update on the upcoming changes in the scope and activities of this task group was given.
- **MC Education, Legislation and Regulations Task Group:** An update on the work of this task group was given.

New Business:

- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.
- The **WG20 Pharmacy Technology Innovation Task Group** was formed to focus on identifying and engaging industry innovators that are working with early disruptive pharmacy initiatives to better understand and support the requirements related to standards, or lack of standards, that drive the initiatives forward.
- The work group received a presentation on industry trends, standards and policy.

Work Group 45 External Standards Assessment and Implementation Guidance

Task Groups:

- The **Pharmacy and/or Combination ID Card Task Group** did not meet this quarter.
- The **834/835 FAQ Task Group** published the *X12N/005010A221A1 Health Care Claim Payment/Advice (835) Questions and Answers Version 2.0* document.

- The **Document Revisions Task Group** began updating the Claim Adjustment Reason Code (CARC) Mapping document based on the recommendations from November Work Group meeting.
- The **DSMO Task Group** received no DSMO requests for review.
- The **Benefit Coverage Identification Task Group** did not meet this quarter.
- The **Barcode Utilization Task Group** did not meet this quarter.
- The **X12 TR3 Comment Coordination Task Group** did not meet this quarter.

Other Reportables:

- Industry updates for WEDI, NCPDP SNIP, CAQH CORE and X12 can be found in the WG45 download materials.

New Business:

- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.

MC Maintenance and Control

DERFs/ECLs: 18 new and three pended DERFs/ECLs were reviewed (see WG1, WG7 and WG11).

- DERF 001966/ECL 000403 was approved.
- DERF 001974 was withdrawn.
- DERF 001976/Emergency ECL 000410 was withdrawn.
- DERF 001986/Emergency ECL 000413 was approved as modified.
- DERF 001987/Emergency ECL 000414 was approved.
- DERF 001988/Emergency ECL 000415 was approved with modifications.
- DERF 001989/Emergency ECL 000416 was withdrawn.
- DERF 001990/ ECL 000417 was approved with modifications.
- DERF 001991/ ECL 000418 was pended.
- DERF 001992/ ECL 000419 was pended.
- DERF 001993/ ECL 000420 was approved as modified.
- DERF 001994/ ECL 000421 was approved as modified.
- DERF 001995 was approved with modifications.
- DERF 001996 was approved.
- DERF 001997 was approved.
- DERF 001998 was approved with modifications.
- DERF 001999 was approved as modified.
- DERF 002000 was approved.
- DERF 002001 was approved.
- DERF 002002 was approved.
- DERF 002003 was approved.

Task Groups:

- The **Education, Legislation and Regulations Task Group** reviewed and submitted NCPDP's response to the Centers for Medicare & Medicaid Services (CMS) Notice of Proposed Rulemaking (NPRM) (CMS-4205-P) re: standards for Electronic Prescribing and the National Committee on Vital and Health Statistics (NCVHS) Request for Information (RFI) about ICD-11. The task group also reviewed Utah Proposed Rule R380-70, Office of the National Coordinator for Health Information Technology (ONC) Information Blocking 2023-24068 and ONC HTI-1 Rule and decided no comments from NCPDP were needed.
- The **Management of Non-NCPDP Code Sets Task Group** continued to discuss the business need and value of a pharmacy-specific subset of route of administration values for NCPDP. The task

group is discussing recommending the use of the National Library of Medicine (NLM) Value Set Authority Center (VSAC) site as the lookup tool for SNOMED CT Route of Administration (ROA) values for populating RouteOfAdministrationCode as well as Route of Administration (995-E2).

New Business:

- The attendees received recaps of each work group's activities.
- The co-chairs recognized the efforts of the task group leaders with the presentation of Task Group Leader Certificates of Appreciation.