DOCUMENTATION FOR MAY 2018
JOINT TECHNICAL WORK GROUP MEETINGS

For a listing of meetings, dates, times and agendas, please visit the NCPDP web site at http://www.ncpdp.org/Events/Work-Group-Meeting.

To help prepare for the work group meetings, documentation is available on the NCPDP web site. The agendas link is above. The individual work group pages of working documents are below. Review of the documentation prior to the meeting will provide helpful background.

Please make sure you bring copies with you, as copies will not be provided. Some documents are still being developed and may not yet be available on the specified page. Please check back before work group meetings.

DERFs and New Project Development Forms:
Data Element Request Forms (DERFs) and New Project Development Forms submitted for review at the Joint Technical Work Group Meetings scheduled for May 6-7, 2018 in Scottsdale, AZ will be available on the website beginning April 22, 2018. To view and download the DERFs, log in to the website as a member, go to Work Group Lookup, select MC Maintenance and Control page and scroll down for the DERFs. For access to the information either download the zip file containing all the DERFs and New Project Development Forms, or click on each item and download a copy. If you have any questions or need clarification on a DERF, please contact the Work Group Co-Chairs or the individual identified in the "submitter" section of the DERF.

Note the following DERFs are External Code List (ECL) requests and will be discussed in the Work Group identified and voted on in MC Maintenance and Control.

DERF 001592/Emergency ECL 000260
DERF 001595/Emergency ECL 000261
DERF 001596/ECL 000262
DERF 001602/ECL 000263
DERF 001609/ECL 000264
DERF 001611/ECL 000265
DERF 001613/ECL 000266

Please review the DERF/External Code List Process at http://www.ncpdp.org/NCPDP/media/pdf/Flow-For-DERF-website.pdf. If you are unable to attend the work group meeting, but have substantive comments on a DERF/ECL, please send those comments to the assigned Work Group Co-Chairs and Standards Development Liaison.

The final review of all DERFs is held in MC Maintenance and Control where modifications may be made.

DERF/ECL	Request	Work Group Assignment
001591	Due to the emergence of drugs that are exceeding the current field limitations for dollar amount, an increase in field length is needed to accommodate up to 999,999,999.99 or 9(9)v99. The fields identified in the DERF will need to be changed to support these drugs.	WG1 (of interest to WG7, WG9, WG11)
001592 Emergency ECL 000260	Per CMS 2019 Final Call Letter: **Days Supply Limits for Opioid Naïve Patients, Pages 236-238** "Recommendation 6 of the CDC Guideline for Prescribing Opioids for Chronic Pain states that opioids prescribed for acute pain should be limited to 3 days or	WG1 (of interest to WG9)

fewer, and that more than a 7 days supply is rarely necessary. Clinical evidence cited by the CDC review found that opioid use for acute pain is associated with long-term opioid use, and that a greater amount of early opioid exposure is associated with greater risk for long-term use.

Because the amount of opioid prescribed can often be in excess of the amount needed to treat an acute event, leftover supplies of opioids can become the source for misuse and diversion. Limiting the initial amount of prescription opioids dispensed may reduce the risk that patients develop an affinity for these drugs and transition to chronic use or misuse. At least sixteen states currently have, or plan to add by statute or agency rule, limits on the initial days supply (e.g. 5 or 7 days) and/or daily dose of opioids clinicians can prescribe for acute pain. Several large prescription benefit plans are also implementing similar restrictions within their commercial lines, employer health plans, and Medicaid clients.

To reduce the potential for chronic opioid use or misuse, CMS is establishing a days supply limitation policy for opioid-naïve patients. In the draft 2019 Call Letter, we solicited comment on guidance that all sponsors should implement a hard safety edit for initial opioid prescription fills that exceed 7 days for the treatment of acute pain. We also solicited comment on whether a days supply limit with or without a daily dose maximum (e.g., 50 MME per day) would be more effective.

In response to the draft 2019 Call Letter, most commenters supported a 7 days supply limitation policy, but there was no consensus on adding a daily dose (MME) maximum. Some commented that adding an MME threshold would cause confusion and add complexity. Beginning in 2019, we expect all Part D sponsors to implement a hard safety edit to limit initial opioid prescription fills for the treatment of acute pain to no more than a 7 days supply. After sponsors gain experience in implementing this policy in Medicare Part D, we will reassess if an MME edit for opioid naïve patients would be feasible or effective. Several commenters also raised technical questions.

Furthermore, we clarify:

- Since the 7 days supply limit for opioid naïve patients is a safety edit, it can be applied during transition. See Section 30.4.8, “Edits for Transition Fills”, Chapter 6, Part D Drugs and Formulary Requirements, Medicare Prescription Drug Benefit Manual.
- If the claim is rejected by the plan due to a days supply greater than 7 days, and the patient does not receive a covered fill of the full days supply as written, then consistent with 42 CFR § 423.128(b)(7)(iii), the sponsor is required to notify its network pharmacy to distribute a written copy of the standardized CMS pharmacy notice to the enrollee (“Medicare Prescription Drug Coverage and Your Rights”, CMS-10147, OMB Approval No. 0938-0975; see also Section 40.3.1 of Chapter 18 of the Medicare Prescription Drug Benefit Manual).
- An enrollee, the enrollee’s representative, or the enrollee’s prescriber has the right to request a coverage determination from the plan for a drug or drugs subject to the days supply limit, including the right to request an expedited coverage determination.
- In the absence of other submitted and approved utilization management requirements, the sponsor should approve coverage for the full days supply once the prescriber attests that the days supply is the intended and medically necessary amount for the beneficiary.

A hard edit is not generally resolvable at POS without the Part D sponsor’s explicit authorization of the claim. We recognize that plans may not always be

	able to automatically apply all of the exemptions to this edit through claims data or identify initial versus continuing use for new enrollees at the beginning of the plan year. Pharmacists may be able to provide this information to the plan sponsor to avoid the beneficiary or their prescriber from having to request a coverage determination on this particular fill. We expect sponsors to allow pharmacists to communicate this information through the plan's help desk or through override codes for plan authorization. CMS expects sponsors' network pharmacies and customer service representatives to be adequately trained with regard to these edits." Pharmacies must have a mechanism to communicate to the plan that the patient is not opioid naïve and should be allowed the full days supply. This DERF requests a new value for field Result of Service Code (441-E6). The proposed value is "Dispensed, Patient Is Not Opioid Naïve."	
001593	Due to the expanding prevalence of automated prescription refill programs being offered by pharmacies, there is now a need for the ability to include the patient enrollment preference for this feature when transferring data between pharmacies. This new field should be used when transferring open refill prescription data from pharmacy to pharmacy when using Fixed Length structured files. The indicator should provide the current enrollment status of each drug that is included on the transfer file. This indicator is not to be required however its use is highly encouraged in order to maintain continuity of care for our patients.	WG1
001594	The Prescriber ID (411-DB) and the Prescriber Alternate ID field (A26-ZP) currently have a field length of 15. The State of Montana has recently made changes to their state licensing format. The licensing format is illustrated on the website: https://ebiz.mt.gov/POL/GeneralProperty/PropertyLookUp.aspx?isLicensee=Y&TabName=Home License numbers are made up of the three letter acronym for the Board; the acronym for the license type; the letters LIC; and then the license number; each separated by a dash. For example: a guide licensed by the Board of Outfitters will have a license number like this: OUT-GUD-LIC-8546211 To accommodate the new licensing format, this DERF proposes to expand the length of the Prescriber ID and Prescriber Alternate ID fields to 35. This length is longer than what is needed for Montana, but it would harmonize the length with the SCRIPT standard.	WG1 (of interest to WG7)
001595 Emergency ECL 000261	Section 423.120(c)(6) under CMS 4182 is effective 01/01/2019 and replaces the former Medicare Enrollment requirement under CMS 4159 with a Precluded Provider process without a provisional coverage period. To support the requirements under CMS 4182, this Emergency ECL DERF is requesting the following changes: 1) Sunset existing Reject Codes, Approved Message Codes and Submission Clarification Codes related to Medicare Enrollment 2) Create 2 new reject codes to identify a Precluded Prescriber (411-DB) and Precluded Pharmacy (201-B1) 3) Update existing reject code 559 description to align with reject code A1 **BACKGROUND:** On 5/23/2014, CMS published CMS-4159-F which required Plan D sponsors to reject pharmacy claims for a Part D drug written by a prescriber (not defined as an "Other Authorized Prescriber" in 42 CFR 423.100, as this did not apply to this	WG1 (of interest to WG9)

group of prescribers) who was not enrolled in the Medicare program with an approved status or did not have a valid opt-out affidavit on file with a Part A/B Medicare Administrative Contractor. The enforcement date to this rule and the technical guidance under 6107 was delayed several times in order to increase the number of providers enrolled and prevent patient access to care risks. While numerous efforts were put in place to increase enrollment, the beneficiary risks were still significant.

As a result of the concerns with the provider enrollment provisions under CMS 4159, CMS 4182-P was released in November 2017. Under section *10 Preclusion List Requirements for Prescribers in Part D and Individuals and Entities in MA,* CMS changed the approach where prescriber enrollment has been replaced with a Precluded Provider process. Section 423.120(c)(6) of the proposed rule was modified to indicate that a Part D sponsor, or its PBM, must reject a pharmacy claim for a Part D drug where the prescriber is included on the preclusion list as well as provide a 90 day provisional coverage period.

A preview of the CMS 4182 Final Rule was released on 04/02/2018, where the Precluded Provider Provisional Coverage Period provision was not included and references were made to both the prescriber and pharmacist/pharmacy as providing services to a Medicare Part D beneficiary would be subject to the Precluded Provider process. It was unclear as to whether the term 'providing services' was in reference to the pharmacy/pharmacist NPI submitted as a prescriber (411-DB) or the service provider (201-B1). On 4/10/2018, CMS provided clarification via e-mail, that the Precluded Provider process applies to both the Prescriber ID and the Service Provider ID.

> ***From:*** *Cimmino, Michael A. (CMS/CPI)*
> ***Sent:*** *Tuesday, April 10, 2018 4:02 PM*
> ***To:*** *Winston, Shelly (CMS/CM) <Shelly.Winston@cms.hhs.gov>*
> ***Cc:*** *Spiegel, John (CMS/CPI) <John.Spiegel@cms.hhs.gov>; Mucklow, Katie A. (CMS/CPI) <Katie.Mucklow@cms.hhs.gov>; Gravel, Belinda K. (CMS/CPI) <Belinda.Gravel@cms.hhs.gov>; Sanders, Alisha J. (CMS/CPI) <Alisha.Sanders@cms.hhs.gov>; Whelan, Frank B. (CMS/CPI) <Frank.Whelan@cms.hhs.gov>*
> ***Subject:*** *RE: Precluded Provider*
>
> *Hi Shelly,*
> *The answer is that both fields are impacted because our intent is that if a pharmacy is on the preclusion list and its NPI is in the service provider ID field of a claim, the prescription should not be paid for under Part D (after the advance warning to the beneficiary).*
> *Michael*

BUSINESS CASE:
In 2015, based on the provisions under CMS-4159-F, NCPDP had added new Reject Codes, Approved Message Codes and Submission Clarification Codes to the ECL, to allow payers and pharmacy providers to communicate within the claim billing request and response the pharmacy and prescriber's Medicare Part D enrollment status. However, as the result of CMS-4182-F published on 4/6/2018 (Federal Register Date = 04/16/2018), where the Precluded Provider process without a provisional coverage period replaces the Medicare Part D Provider Enrollment and provisional fill process, several changes to the ECL are required. The effective date of the Precluded Provider provisions under CMS 4182-F is January 01, 2019.

1. Sunset the following ECL Code values: (see below chart for descriptions). Medicare Part D no longer requires Prescriber or Pharmacy enrollment with Medicare.
    a. Reject Codes (511-FB): 773, 774, 775, 776, and 832
    b. Approved message Codes (548-6F): 30, 31, 41, 42, and 43

	c. Submission Clarification Code (420-DK): 50, 51, 53, and 54 2. Create New Reject Codes – Per CMS 4182, the Precluded Provider process will act similar to the OIG Excluded provider process. A unique reject code for Precluded Provider versus using reject Code A1 – ID Submitted is Associated to an Excluded Prescriber and 559 – ID Submitted is Associated to an Excluded (Sanctioned) Pharmacy, will assist pharmacy providers in identifying the reason for the reject and develop the appropriate patient and prescriber talking points. a. XXX - ID Submitted Is Associated With A Precluded Prescriber b. XXX - id submitted is associated with a precluded pharmacy 3. Update Reject Code 559 to align with updated language for reject code A1 (ID Submitted is Associated to an Excluded Prescriber) a. Current Description – ID Submitted Is Associated With A Sanctioned Pharmacy Updated Description - ID Submitted Is Associated With An **Excluded** Pharmacy	
001596 ECL 000262	Modify definitions for terms in the NCPDP Entities Document as well ECL Value descriptions in order to sync with the FDA's official definition of brand and generic drugs. (https:/www.fda.gov/drugs/informationondrugs/ucm079436.htm) _____ **1. Revise the definition of "Branded Drug" in the Entities Document.** **Reason: A drug can be branded and not an original formulation.** FROM: "The original formulation of a prescription drug, approved by the FDA for distribution." TO: "A drug marketed under a proprietary, trademark-protected name." **2. Revise the definition of "Generic Drug" in the Entities Document.** **Reason: Reference to 'Copies' and 'original drug' are not appropriate. Generic drugs do not always have exactly the same pharmacological effects as their branded counterparts, they have been determined to be 'therapeutically equivalent' by the FDA. Things that do not have to be the same are: Appearance, scoring, color, shape, Flavor, Packaging, Preservatives, Release mechanisms, Minor aspects of labeling (which would make it an exact copy).** FROM: "Generic drugs are copies of brand-name drugs that have exactly the same dosage, intended use, effects, side effects, route of administration, risks, safety, and strength as the original drug. In other words, their pharmacological effects are exactly the same as those of their brand-name counterparts." TO: "The same as a brand name drug in dosage, safety, strength, how it is taken, quality, performance, and intended use. By law, a generic drug product must contain the identical amounts of the same active ingredient(s) as the brand name product. Drug products evaluated as "therapeutically equivalent" can be expected to have equal effect and no difference when substituted for the brand name product." **3. Revise the description of ECL Value 3 "Generic" used in fields 964-JA Product Type and 425-DP Drug Type** **Reason: Align with FDA definition. Also, there are situations where generic drugs are introduced into marketplace prior to patent expiration OR exclusivity may prevent its release after the patent expires. Mention of patent expiry not necessary.**	WG1 (of interest to WG11)

	FROM: "The pharmaceutically equivalent product of a branded product introduced by additional distributors after patient protection has expired on the brand product. Manufactured under an Abbreviated New Drug Application (ANDA)." TO: "The same as a brand name drug in dosage, safety, strength, how it is taken, quality, performance, and intended use. By law, a generic drug product must contain the identical amounts of the same active ingredient(s) as the brand name product. Drug products evaluated as "therapeutically equivalent" can be expected to have equal effect and no difference when substituted for the brand name product."	
001597	Background: DERF 001420 was approved in August 2016 to separate the Controlled Substance transaction from the Telecommunication Standard to be modified and used for the needs of Controlled Substance Reporting (real-time) as outlined in *NCPDP's Recommendations for an Integrated, Interoperable Solution to Ensure Patient Safe Use of Controlled Substances* white paper (supplemental sold data sent to a private sector PDMP Administrator). As a result, the WG9 PDMP Task Group is requesting approval of a new standard, Prescription Drug Monitoring Programs (PDMP) Reporting Standard. The following documents are attached: • PDMP Reporting Standard Implementation Guide Version 10 • New Data Elements/Modification to Existing Data Elements • New ECL Values/Modification to Existing ECL Values	WG9
001598	The NCPDP WG 11 Implementation of Structured and Codified Sig TG often refers to the Structured and Codified Sig Format Implementation Guide (aka the "master" guide), which is maintained by WG 10, when researching questions brought forth by the industry. It was determined that changes were needed to the master guide to more accurately reflect current industry practice related to the use of structured and codified Sig in electronic prescribing transactions. A sub-task group was created to review the document and recommend changes. The detailed recommended changes can be found in the attached Structured and Codified Sig Format Implementation Guide.	WG10
001599	Formulary & Benefit Task Group is submitting this DERF to help payers and providers get more succinct drug alternatives at the point of care. For a number of drugs, they are able to treat indications or conditions. By allowing payers to provide additional information about their drug alternatives, EHRs can either display the appropriate list based on matching indication code or (as a minimum) display grouping names so that a provider can select the appropriate group of drug alternatives.	WG11
001600	With rising adoption of value-based care and Accountable Care Organizations (ACOS), this DERF requests the addition of Approximate Plan Cost range for products. By making the cost of products more visible, it will help providers make more cost effective treatment decisions for both their patients and the patient's insurer. To support an Approximate Total Cost, the copay product specific detail will add three new fields: 1. Approximate Minimum Total Cost R 1/12 NO Required if Approximate Maximum Total Cost and Calculated Quantity are populated. Minimum total purchase price of the product which includes plan cost, dispensing fees, and patient pay. 2. Approximate Maximum Total Cost R 1/12 NO Required if Approximate Minimum Total Cost and Calculated Quantity are populated. Maximum total purchase price of the product which includes plan cost, dispensing fees, and patient pay.	WG11

	3. Quantity Related To Total Cost R 1/10 NO Required if Approximate Minimum Total Cost and Approximate Maximum Total Cost are populated. Quantity used to calculate the Approximate Total Cost range. Additional language has been added to the Implementation Guide to provide direction and usage of the new fields.	
001601	This DERF is a companion to pended DERF 001583 which will align the use of the formulary status of brand preferred. It is requesting to move the element DrugCoverageStatusCode from Medication segments to the BenefitsCoordination segments. This will allow the formulary status to be payer specific for the medication. In addition the DrugCoverageStatusCode values will be aligned with the current Formulary Status (927-FP).	WG11
001602 ECL 000263	Proposing new Reason Codes for RxFill. Adding these codes further supports the ability to utilize this message effectively outside of Long Term Care. Dispensed/Partially Dispensed • xx = Collaborative Changes • xx = Immunization Notification • xx = Pharmacist Initiated Alteration In Days' Supply Not Dispensed: • xx = Contraindicated Per Medication Profile • xx = Contraindication Due To Identified Allergy	WG11 (of interest to WG14)
001603	This DERF is requesting the addition of the supporting language into the schema annotation regarding support of food allergies. Food allergies can be transmitted in Allergies/DrugProductCoded/Text with Allergies/DrugProductCoded/Qualifier of UN even if no food code is sent. This qualifier will indicate that given allergen text is describing a food allergy. Clarifying schema annotation will be added for the AllergyDrugProductCodedQualifier type. Suggested text is "Use UN qualifier for food allergies. All other supported qualifier values are to be used for transmission of drug allergies." Such annotation was present in previous SCRIPT v10.6. Separately, we will be adding supporting language into the recommendations document for guidance on transmitting food allergies.	WG11
001604	The PBMMemberID is not currently listed as a field in all of the BenefitsCoordination structures. This DERF is to include PBMMemberID as an optional field in all BenefitsCoordination structures.	WG11
001605	This DERF requests the following modifications RxFillIndicator to increase the usefulness of the field within specific messages and eliminate the field from messages where its use may cause confusion related to its purpose. Remove language for RxFillIndicator from the following sections in the SCRIPT Implementation Guide: New Prescription Transaction Prescription Change Response Transaction Renewal Response Transaction Resupply Transaction Make RxFillIndicator not used in the following: DrugAdministrationMedication RecertificationMedication RecertificationMedicationForDispensed RefillRequestDispensedMedication RefillResponseDispensedMedication ResupplyMedicationForDispensed	WG11

001606	Remove PasswordChange Transaction from NCPDP XML Standard because this transaction has been superseded by enhanced security authentication processes, so this transaction is now obsolete. Description of PasswordChange Transaction: This is the transaction used to request a password change. All transactions sent to the Mailbox may require passwords. The Mailbox will maintain passwords at the prescriber and pharmacy system level and therefore each prescriber and pharmacy system will have a unique password. This transaction serves the purpose of allowing the password for a pharmacy or prescriber system to be changed by providing the current password and a new password.	WG11
001607	In the SCRIPT standard version 2014041 the response element DeniedNewPrescriptionToFollow was sunsetted. This DERF is requesting removal of the response element DeniedNewPrescriptionToFollow from the schema and to remove all references from the Implementation Guide.	WG11
001608	A discrepancy was discovered between the SCRIPT Schema and Data Dictionary regarding SigText field length. The Schema reflects a length of 1,000 characters, which is correct. The online Data Dictionary (201801 version) shows SigText as an unbound alphanumeric field, which is incorrect. This DERF is requesting to update the Data Dictionary field length to show SigText as 1,000 characters.	WG11
001609 ECL 000264	NCPDP has partnered with an outside company to enumerate the population based off of multiple sources of information such as healthcare records, credit card records, etc. The conceptual design is the integration of the NCPDP Universal Patient Identifier (UPI) into the pharmacy patient's data within the practice management system. Through various probabilistic and deterministic methods, the UPI could be assigned to the representative pharmacy patient profile. The purpose of the DERF is to create an additional qualifier value for Patient ID Qualifier (331-CX) to facilitate the communication and open sharing of NCPDP Universal Patient Identifier (UPI) in Patient ID (332-CY). This would allow the unrestricted distribution of the UPI from participating pharmacies to any payer/processor. The intent is to enable access of a common patient identifier across multiple healthcare systems and ultimately create alignment of patient records to increase the quality and continuity of care.	MC (of interest to WG1, WG7)
001610	NCPDP and other entities have recognized the need for improved patient matching amongst multiple healthcare trading partners and are enumerating patient identifiers to support this effort. The Patient ID (332-CY) has been identified as the data element for communicating these identifiers. The MC Patient Identification Task Group, identified changes required in the Telecommunication Standard to support the communication and sharing of multiple universal patient identifiers from different enumerating entities on a single transaction. This DERF requests the following changes: Data Dictionary: Addition of Patient ID Count field Summary of changes to Telecom Standard: Request Patient Segment • Add Patient ID Count (new) to and update Patient ID Qualifier (331-CX) and Patient ID (332-CY) from “not used” to Situational repeating fields in the Patient Segment of Eligibility Transaction; add situation of “Required if necessary for an assigned Patient ID to be communicated to the payer or processor” to Patient ID. • Add new situation (“Required if necessary for an assigned Patient ID to be communicated to the payer or processor”) to Patient ID (332-CY) in	MC (of interest to WG1)

	Patient Segment to transactions listed below. • Update Patient ID Qualifier (331-CX) and Patient ID (332-CY) to be repeating fields for the transactions listed below. • Add Patient ID Count (new) with a maximum count of 9 to transactions listed below Claim Billing or Encounter Service Billing Claim Rebill Service Rebill Prior Authorization Request and Billing Prior Authorization Request Only Information Reporting Information Reporting Rebill • Add Patient Segment to Prior Authorization Inquiry (including new data elements) • No changes needed to Notes on Patient Segment diagrams Response Patient Segment • Add Patient ID Count (new), Patient ID Qualifier (331-CX), Patient ID (332-CY) as situational fields to Response Patient Segment of transactions listed below. Indicate Patient ID Qualifier and Patient ID as repeating fields. • Add situation to Patient ID (332-CY) in Response Patient Segment of transactions listed below. *"Required when needed to convey a Patient ID that is different from that submitted. Not used when Patient ID matches submitted value."* Eligibility Claim Billing or Encounter Service Billing Claim Rebill Service Rebill Prior Authorization Request and Billing Prior Authorization Inquiry Information Reporting Information Reporting Rebill • For Prior Authorization Request Only transaction, add Response Patient Segment (including new data elements). • For Prior Authorization Inquiry transaction, add Response Patient Segment (including new data elements) to those transaction types (captured, approved, deferred) that currently do not use it. • No changes needed to the Notes on Response Patient Segment diagrams.	
001611 ECL 000265	Remove the last sentence from the definition for the ECL Value 1H (Brand-To-Generic Change) for data elements Result Of Service Code (441-E6) and ServiceResultCode. The definition needs to not reference what the prescriber writes on the prescription to prevent substitution because different states have different requirements. For example, in TEXAS, the prescriber must write 'Brand Medically Necessary' to prevent substitution. 'Do Not Substitute' would be invalid. Additionally, some Medicaids have different requirements for preventing substitution. Remove the last sentence referencing what the prescriber does to prevent substitution because it can be prevented for several different reasons and since this field is referring to generic substitution it is not necessary to have the last sentence. Current Definition: Action whereby a pharmacist dispenses the generic formulation of an originally	MC (of interest to WG1, WG11)

	prescribed branded product. Allowed, often mandated, unless the prescriber indicates "Do Not Substitute" on the prescription. Proposed Change: Action whereby a pharmacist dispenses the generic formulation of an originally prescribed branded product.	
001612	During review of the ECL values of Other, the MC ECL Task Group identified ECL values of "Other" that did not have adequate value descriptions. This DERF is being submitted to update these value definitions to include additional value description. Compound Route of Administration (452-EH) value 12 o Current Description: Other/Miscellaneous o Requested Description: Other/Miscellaneous, where Compound Route of Administration is not otherwise specified in a distinct value Measurement Dimension (496-H2) value 99 o Current Description: Other o Requested Description: Other, where Measurement Dimension is not otherwise specified in a distinct value Audit Element Response 1 through 5 (A62 to A66) value 99 o Current Description: Other o Requested Description: Other type of information returned not otherwise specified in a distinct value Audit Element Type 1 through 5 (A57 to A61) Value 99 o Current Description: Other o Requested Description: Other type of information returned not otherwise specified in a distinct value This DERF will require modifications to the Audit Standard Implementation Guide.	MC (of interest to WG1)
001613 ECL 000266	Request new Submission Clarification Code ECL Value to indicate the quantity being dispensed is an incremental fill and the previous fills(s) were not paid for by the payer to which this claim is being submitted. This is to assist the plan to understand why the Fill Number may not be an Original Prescription Fill (0), and why the sum of all fills received by that payer may not add up to the Total Quantity Prescribed (when available). Example: Previous initial incremental fill was paid for by cash/discount card/Medicare Part A/another Part D, Commercial or Medicaid payer. A Schedule II prescription is received by the payer with the Fill Number of 1 (subsequent to the original fill) and the payer receiving the claim does not have history of the Original Prescription Fill (0).	WG1
PROJECT	Request	Work Group Assignment
000047	Identify and/or develop electronic standard(s) for ordering providers to obtain authorization and send a referral request for services to a pharmacy. In addition to evaluate and if identified, develop a process for using electronic standards that providers currently use to request service from any other provider (e.g., specialist).	MC

Of Special Note:

NCPDP EDvocacy Update
The NCPDP Edvocacy Update is scheduled for Monday, May 7, 2018 from 7:00 a.m. to 7:30 a.m.

CMS Discussion
The CMS Discussion is scheduled for Monday, May 7, 2018 from 7:30 a.m. to 8:00 a.m.

Frequently Asked Questions (FAQ) Documents
Multiple task groups develop Frequently Asked Questions documents for Work Group review and publication. These FAQs should be reviewed during task group calls and prior to Work Group meetings as discussion time is limited.

Ballot Responses
The results of the ballots will be reviewed as follows:

Ballots WG010077 and WG010078 – WG1 Telecommunication
Ballot WG110078 – WG11 ePrescribing & Related Transactions

The ballot results will be posted to the appropriate web pages prior to the Work Group meetings.

SPECIFIC WORK GROUP DISCUSSION ITEMS:
The detailed work group documentation is accessible from the Member Portal page http://www.ncpdp.org/members/member-info.aspx. Select the Work Group from the dropdown at the left side of the screen.

On each Work Group page you will see the May 2018 Meeting Materials with a zip file. Download the zip file as copies are not provided.

Previous meeting minutes are also available on each page. **Please note you may need to check work group website pages just before work group meetings, as recent work is being posted in the zip files, as well as the ballot results**.

WG1 Telecommunication

Work Group 1 Telecommunication develops and maintains standards and guidelines to accommodate the collection, transmission, and processing of electronic pharmacy claim information, i.e. administering and certifying eligibility, prior authorization, and prescribing drug benefits for traditional, managed care, and government programs; billing; payment or denial of compensation with explanations, and concurrent drug use review.

During the May Work Group meetings, WG1 will hear updates from the following task groups:

- Telecommunication FAQ Task Group
- Coordination of Benefits (COB) Task Group
- Information Reporting Problems Task Group
- Post Adjudication Task Group
- Definition of a Valid Prescriber Task Group
- Part D Supplemental Payment Reporting Task Group
- Eligibility Verification Enhancements Task Group
- Benefit Integration Task Group
- Standardized Subrogation Task Group
- Compound Task Group
- Usage of Submission Clarification Code Task Group
- Upstream Reporting of Copay Assistance Task Group
- Expand Dollar Fields Task Group

WG1 will also:

- Review Ballots WG010077 and WG010078
- Discuss new DERFs
- Discuss DSMO Requests
- Discuss questions and answers from various task groups for inclusion in the Version D Editorial document and/or Telecommunication Implementation Guide
- Discuss action items from any task group

Documents for discussion that are on the WG1 page include:

- 201805 WG1 zip file containing:
  - Agenda
  - Task Group Recaps
  - Year in Review
- See web page for all available documentation.

WG2 Product Identification

Work Group 2 Product Identification deals with issues relating to the identification of drugs and health related products within NCPDP's stated mission. Identification consists of how the product is billed (billing units, quantity designations), product identification systems, and any type of descriptive data which serves to uniquely identify a product with the intent to establish standards for product identification such that there is no ambiguity in distinguishing one product from another.

During the May Work Group meetings, WG2 will hear updates from the following task groups:

- Dates Associated With Pharmaceutical Products Task Group
- Structure Product Labeling Activities Task Group
- Product Review and Billing Unit Exception Task Group
- SPL REMS Task Group
- Naming Standards for Drugs, Biologics and Biosimilars Task Group
- Application of BUS Clarification Task Group
- Update Joint WG2/WG11 Harmonization of Prescribing and Dispensing Units Task Group
- Update WG11 REMS Workflow to Transaction Task Group

WG2 will also:

- Hear an update on the Industry and Government Activities
- Review new QUIC forms

Documents for discussion that are available on the WG2 page include:

- 201805 WG2 zip file containing:
  - Agenda
  - New QUIC Forms
  - Task Group Recaps
  - Year in Review
- See web page for all available documentation

WG7 Manufacturer and Associated Trading Partner Transaction Standards

Work Group 7 Manufacturer and Associated Trading Partner Transaction Standards develops, monitors, and maintains standards for the electronic exchange of data between manufacturers and data providers, and/or trading partners. Additionally, the work group will facilitate the implementation and education of the standards and process.

During the February Work Group meetings, WG7 will hear updates from the following task groups:

- Medicaid Drug Rebate Program Task Group
- Medical Rebate Task Group
- Manufacturer Rebate Standard Task Group
  - Specialty Pharmacy Data Exchange Sub-Task Group

WG7 will receive the following updates:

- Regulatory Product Tracing Update/MC 2D Barcode Task Group Update
- WG9 340B Task Group Update

Documents for discussion that are available on the WG7 page include:

- 201805 WG7 zip file containing
  - Agenda
  - Task Group Recaps
  - Year in Review
- See web page for all available documentation

WG9 Government Programs

Work Group 9 Government Programs, in conjunction with Work Group 1 Telecommunication, guides and advises Federal and State funded pharmacy programs and their agents on standards implementation, supports data processing initiatives, and provides design alternatives for standards, which support government requirements.

During the February Work Group meetings WG9 will receive updates from the following task groups:

- 340B Task Group
- Government Programs Encounter Reporting Standard Task Group
- Hospice Task Group
- Medicaid Best Practices Using NCPDP Standards to Implement Reimbursement Methodology Task Group
- Medicaid Frequently Asked Questions Task Group
- Medicaid Subrogation FAQ Task Group
- Medicare Financial Information Reporting Task Group
- Medicare Part D FAQ Task Group
- Medicare Prescription Drug Event Task Group
- Medicare Standardized Fraud, Waste and Abuse Training Attestation Task Group
- OIG Report OEI-05-12-00540 Task Group
- Prescription Drug Monitoring Programs Task Group
- Supplemental Payer Part D Reconciliation Task Group
- Medicare Card Project Task Group
- Coordination of Benefits Contractor (COBC)/Benefits Coordination & Recovery Center (BCRC) Task Group
- Standardized Pharmacy Credentialing Task Group

WG9 will also

- Review DERF 001597
- Review a request to form a new task group, Medicare Part D Multi-Payer Reconciliation Task Group.

Documents for discussion that are available on the WG9 page include:

- 201805 WG9 zip file containing
  - Agenda
  - Task Group Recaps
  - Year in Review
- See web page for all available documentation

WG10 Professional Pharmacy Services

Work Group 10 Professional Pharmacy Services assists in the development and maintenance of standards to support electronic documentation and transmission of data for professional pharmacy services.

During the May Work Group meetings, WG10 will hear updates from the following task groups:

- MTM Communication Task Group
- mL White Paper Task Group
- USP Allergy Update (Donna Bohannon)
- WG11 Specialty Requirements- eRx Task Group
- WG14 Consultant Pharmacist Interoperability Task Group
- WG11 Implementation of Sig Task Group identified Implementation Guide changes

WG10 will:

- Discuss Project Development Form for Physician – Pharmacist Referrals

Documents for discussion that are available on the WG10 page include:

- 201805 WG10 zip file containing
  - Agenda
  - Task Group Recaps
  - Presentations
  - Year in Review
- See web page for all available documentation

WG11 ePrescribing & Related Transactions

Work Group 11 ePrescribing & Related Transactions develops standardized messages for prescribers, pharmacists, payers and/or other interested parties to exchange information.

During the May Work Group meetings, WG11 will hear updates from the following task groups:

- WG14/11 LTCPAC ePrescribing Task Group
- Formulary and Benefit Task Group
- XML Task Group
- NCPDP/HL7 Pharmacist Functional Profile Task Group
- SCRIPT Implementation Recommendations Task Group
- REMS Workflow to Transaction Task Group
- Electronic Prior Authorization Workflow to Transactions Task Group
- Integrate S&I PDMP Guidance in SCRIPT Task Group
- Implementation of Structured Sig Task Group
- Specialty Requirements for ePrescribing Task Group
- Harmonization of Prescribing and Dispensing Units
- ePrescribing Regulatory Task Group
- Biological and Biosimilar Access and Traceability Task Group
- X12 270/271 Version 7030 Review Task Group
- Dispensed Medication Reporting Task Group

WG11 will:

- Review Ballot WG110078
- Review new and pended DERFs
- Receive a status on industry activities
- Discuss questions and answers for inclusion in the SCRIPT Implementation Recommendations document (if applicable)
- Discuss Final Rule naming NCPDP SCRIPT Implementation Guide Version 2017071

Documents for discussion that are available on the WG11 page include:

- 201805 WG11 zip file containing:
  - Agenda

- Task Group Recaps
- DSMO Change Requests (if applicable)
- Year in Review
- Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs and the Pace Program Final Rule

- See web page for all available documentation

WG14 Long Term and Post Acute Care (LTPAC)

Work Group 14 Long Term and Post Acute Care (LTPAC), in conjunction with the other Work Groups, guides and advises payers, processors, and providers of the long term care industry and institutional pharmacy programs and their agents on standards implementation and supports data processing initiatives.

During the May Work Group meetings, WG14 will hear updates from the following task groups:

- LTPAC Current Billing Issues Task Group
- LTPAC ePrescribing Task Group
- Consultant Pharmacist Interoperability Task Group

WG14 will:

- Review two DERFs of interest to WG14
- Receive an update from the WG1 Eligibility Verification Task Group, WG9 Hospice Task Group, WG9 Medicare Part D FAQ Task Group, WG1 Morphine Equivalent Dosing Task Group and WG11 Prior Authorization Workflow-to-Transactions Task Group
- Discuss Industry/Regulatory Updates

Documents for discussion that are on the WG14 web page include:

- 201805 WG14 zip file containing
  - Agenda
  - Task Group Recaps
  - Year in Review
  - Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs and the Pace Program Final Rule
- See web page for all available documentation.

WG16 Property and Casualty/Workers' Compensation

Work Group 16 Property and Casualty/Workers' Compensation will ascertain, monitor and analyze regulatory requirements to develop correlating fields to be supported in the Telecommunication Standard format; evaluate, and maintain a Property and Casualty/Workers' Compensation standard paper claim form; proactively promote and educate pharmacy industry stakeholders and regulatory policy makers on the form and format standards found in Property and Casualty/Workers' Compensation (including but not limited to uniform billing, state reporting policies and the overall delivery of pharmacy services/care.)

During the May Work Group meetings, WG16 will receive updates on the following:

- Legislative/Regulatory Monitoring and Education Task Group
- Billing and State Reporting Task Group
- Future Development Needs for WC/PC
- IAIABC

WG16 will:

- Discuss Rule Comments and Advocating for NCPDP Standards

Documents for discussion that are on the WG16 web page include:

- 201805 WG16 zip file containing
  - Agenda
  - Task Group Recaps
  - Year in Review
- See web page for all available documentation.

WG45 External Standards Assessment, Harmonization and Implementation Guidance

Work Group 45 External Standards Assessment, Harmonization and Implementation Guidance reviews, assesses and works to continually monitor the development of standards and/or operating rules by other Standards Development Organizations (SDOs) and/or other Non-NCPDP entities that may impact the pharmacy industry.

The Work Group

- Communicates SDO and other external entities developments and identifies actions that may be needed by this or other NCPDP work groups. These include, but are not limited to, the ASC X12N Implementation Guides and the Health Level Seven International (HL7) Standards.
- Develops and maintains guidelines for the pharmacy industry to accommodate pharmacy implementation of the Health Insurance Portability and Accountability Act (HIPAA) and Affordable Care Act (ACA) mandated electronic data interchange (EDI) transactions and operating rules not developed by NCPDP as determined by the membership.
- Contributes to the development and maintenance of operating rules that impact the pharmacy industry.

To this end, Work Group 45 External Standards Assessment, Harmonization and Implementation Guidance will collaborate with other SDOs, operating rules entities or other Non-NCPDP entities to provide the pharmacy perspective and represent the industry needs in the development of standards and guidelines.

During the May Work Group meetings, WG45 will hear updates from the following task groups:

- Document Revision Task Group
- Pharmacy ID Card Task Group
- X12 7030 834/835 Task Group
- 834/835 FAQ Task Group
- DSMO Change Request Task Group
- DIR 835 Reporting Task Group

WG45 will receive the following reports:

- Document Revision and Version F2
- Industry Updates (WEDI, NCPDP SNIP, X12, CAQH CORE)
- Inter-SDO Process
- Legislation
- Review WEDI Liaison role

WG45 will also review:

- Revised Work Group Scope and Goals approved by the Board

Documents available on the WG45 web page include:

- 201805 WG16 zip file containing
  - Agenda
  - Task Group Recaps

    - Year in Review
- See web page for all available documentation.

MC Maintenance and Control

MC Maintenance and Control monitors and maintains the development of NCPDP standards, implementation guides and reference documents, promotes consistent business and technical administration, makes recommendations to the Standardization Co-Chairs on development procedures, due process compliance, as well as ethical and legal matters. MC provides a forum for updates of work group activities, resolution of inter-Work Group issues and discussion of legislative, regulatory, policy, and court decisions which may affect the pharmacy industry.

During the May Work Group meetings, MC will hear a status from the following task groups:

- Education/Legislation/Regulations Task Group
- Real-Time Prescription Benefit Standard Task Group
- API Task Group
- Emergency Preparedness Task Group
- X12 TR3 Comment Coordination Task Group
- ECL Task Group
- Specialty Task Group
- Gender Transition Task Group
- Patient Identification Task Group

MC will also:

- Review new and pended DERFs
- Receive daily WG updates
- Receive updates on HIPAA
- Receive an update from the Board of Trustees
- Receive an update from the NCPDP SNIP Committee
- Receive an update on DSMO Change Requests 1201 and 1202
- Review Project Development Form 000047
- Hear a presentation about the Specialty Stakeholder Action Group (SAG)

Documents for discussion that are on the MC page include:

- 201805 MC zip file containing
    - Agenda
    - Task Group Recaps
    - Year in Review
- See web page for all available documentation