



Via Electronic Submission to: advancenotice2015@cms.hhs.gov

March 7, 2014

Jonathan Blum
Principal Deputy Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Advance Notice of Methodological Changes for Calendar Year 2015 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies and 2015 Call Letter

Dear Mr. Blum:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative, we are pleased to submit comments in response to the February 21, 2014, CMS *Advance Notice of Methodological Changes for Calendar Year 2015 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies and 2015 Call Letter*.

As will be noted in our comments regarding the medication therapy management (MTM) standards section, page 133, the Pharmacy HIT Collaborative (the Collaborative) is supportive of developing standards for health information technology (HIT) for MTM service documentation. The Collaborative and its member organizations support the development of a private sector approach to develop these standards and look forward to working with CMS to build upon the work already under way.

The Pharmacy HIT Collaborative has been involved with CMS since the early development of the standardized format currently being used. We were pleased to see that CMS incorporated the majority of the Collaborative's August 2011 recommendations into the initial standardized format implementation and that those recommendations remained in the proposed 2013 revisions. We submitted additional recommendations on December 19, 2013, regarding the CMS letter *Request for Comments – Standardized Format for Part D Medication Therapy Management Program Comprehensive Medication Review Summary*.

Pharmacy Health Information Technology Collaborative

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As patient-centered, health care providers, pharmacists in all practice settings are expanding their services into MTM through the use of technology beyond that of managing drug products (e.g., dispensing medications, managing inventories). To ensure that MTM documentation will be integrated with patients' electronic health records, the Collaborative and its members have been working with standard setting groups to promote and adopt a structured coding system for clinical documentation. Two such structured systems that should be adopted for use in MTM are SNOMED CT (Systematized Nomenclature for Medicine-Clinical Terms) and Health Level Seven (HL7)

SNOMED CT is a universal clinical coding system for medicine. It also is the clinical coding system for the U.S. government for the electronic exchange of health information and a required standard in the interoperability specifications as defined by the U.S. Healthcare Information Technology Panel. SNOMED CT covers a broad range of health-related topics using scientifically validated information. In addition to being used to describe a patient's medical history, it can be tailored to meet medical specialties and subspecialties such as MTM, medication reconciliation, comprehensive medication therapy review (CMR), medication-related action plan, pharmacist consultation with a health care provider, etc.

Another important feature of SNOMED CT is that it has the potential to be mapped to other health coding schemes such as International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). Many existing Electronic Health Record (EHR) systems contain clinical information encoded using ICD-9-CM, which could be translated to SNOMED CT.

HL7 provides standards interoperability that improves care delivery, optimize workflow, and reduce ambiguity. These standards define how information is communicated from one party to another, setting the language, structure, and data types required for seamless integration between systems. HL7 standards support clinical practice and the delivery and evaluation of health services. The National Council for Prescription Drug Programs (NCPDP), in conjunction with the Pharmacy, Structured Documents and EHR Work Groups, is currently working on an HL7 MTM Templated Clinical Document Architecture (CDA) for MTM services.

The Pharmacy HIT Collaborative, including pharmacy professional associations, Medication Therapy Management (MTM) intermediaries, and the NCPDP, are defining guidelines and standards related to the pharmacist's role in HIT. The Collaborative supports and works with these organizations to make certain data elements such as those in the standardized format form are populated from the "Pharmacist EHR" and other types of interoperable electronic systems.

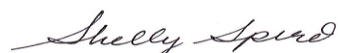
The Pharmacy HIT Collaborative's vision and mission are to assure the nation's healthcare system is supported by meaningful use of HIT, the integration of pharmacists for the provision of quality patient care, and to advocate and educate key stakeholders regarding the

meaningful use of HIT and the inclusion of pharmacists within a technology-enabled integrated health care system. The Collaborative's goals seek to ensure HIT supports pharmacists in health care service delivery, achieve integration of pharmacists and pharmacies into HIEs, and advocates pharmacist recognition in HIT programs and policies. The Collaborative was formed in the fall of 2010 by nine pharmacy professional associations, representing 250,000 members, and also includes seven associate members from other pharmacy-related organizations. For additional information, visit www.pharmacyhit.org.

On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on *Advance Notice of Methodological Changes for Calendar Year 2015 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies and 2015 Call Letter*.

For more information, contact Shelly Spiro, Executive Director, Pharmacy HIT Collaborative, at shelly@pharmacyhit.org.

Respectfully submitted,



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