



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

April 26, 2016

Gregory Woods, director
Division of Health Plan Innovation
Center for Medicare & Medicaid Innovation
Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

**Re: Medicare Part D Enhanced Medication Therapy Management (MTM) Model;
Enhanced MTM Model Encounter Data Specification Plan**

Dear Mr. Woods:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments for the *Medicare Part D Enhanced Medication Therapy Management (MTM) Model: Enhanced MTM Model Encounter Data Specification Plan*.

The Collaborative strongly supports the Centers for Medicare & Medicaid's (CMS) proposal for using the value sets of SNOMED CT® for the Medicare Part D enhanced MTM model. SNOMED CT has the potential to create benefit for the patient and the greater health care environment. Adoption of the use of SNOMED CT by Medicare Part D is critical to the expansion of MTM documentation. This terminology permits the capturing of clinical information and permits the codifying of patient care encounters in the electronic health record (EHR). Coupled with classification systems, such as RxNorm for medication identification, incorporation of SNOMED CT leads to interoperability of health information systems, a critical element of the national framework for health IT that is being developed and actively supported by the Collaborative.

On behalf of the pharmacy profession, the Collaborative has become the steward of the SNOMED CT codes for MTM services. The Collaborative provides a mechanism for requesting [MTM SNOMED CT codes](#) and [MTM Value Sets](#). We believe that the consistent use of structured universal codes is critical to the expansion of documentation of services, especially for MTM services provided by pharmacists.

Pharmacy Health Information Technology Collaborative

| 401 Holland Lane Suite 702 | Alexandria, VA, 22314 | www.pharmacyHIT.org | 703-599-5051 |

The Collaborative has been working with several pharmacy organizations and other groups, including the Pharmacy Quality Alliance (PQA), the National Library of Medicine (NLM), and the National Council for Prescription Drug Programs (NCPDP) regarding the use of SNOMED CT specific to pharmacists' clinical documentation of MTM services.

Within the past four years, specific MTM SNOMED CT codes have been identified by the Collaborative. The International Health Terminology Standards Development Organization (IHTSDO), which now owns the intellectual property rights of SNOMED CT, and the NLM have approved these codes for use in the United States. The codes are available and ready for pharmacists to use when documenting their comprehensive MTM services.

The following are our comments for *Medicare Part D Enhanced Medication Therapy Management (MTM) Model: Enhanced MTM Model Encounter Data Specification Plan*.

The Collaborative supports the enhanced MTM model for Part D as proposed, especially providing stand-alone Prescription Drug Plans (PDPs) the opportunity to offer innovative MTM programs that may include activities that are not traditional MTM services and could also improve the quality of care while reducing costs.

Use of a Long Format

The Collaborative supports the use of a long format, rather than a wide format, for recording each enhanced MTM encounter code as a new record for the beneficiary. As presented in Exhibits 2-5, the advantage of a long format is that it provides a sequential MTM encounter data layout to document encounter activities rather than a summary-type record in which one record contains all information on a beneficiary's enhanced MTM activities, particularly when multiple encounters occur. Recording each encounter enables the collection of more detailed data and the ability for a higher level of analysis.

Use of Beneficiary-Specific Sequence Identifiers (2.2)

The Collaborative supports the latitude in the proposed data structure plan design with regard to the actions or services that begin a sequence related to a medication therapy issue; reporting the process by which a beneficiary is referred to the enhanced MTM program; capturing MTM encounter data pertaining to recommendations, outcomes, and follow-ups to services for each medication therapy issues; and the ability to identify and add new SNOMED CT codes as needed to accommodate a variety of enhanced MTM approaches. We also appreciate that front-end logic checks will be built in structure to ensure that proper identifiers are used, and

if enhanced MTM data files are submitted without proper identifiers and rejected, automated instructions to provide the appropriate identifiers will be given.

Use of MTM-Related SNOMED CT Codes

The Collaborative agrees that SNOMED CT codes represent the best available standardized nomenclature set for use with MTM, and their use is important to pharmacists providing MTM services. Pharmacists have been leaders in advancing this new clinical documentation coding system.

Proposed Enhanced MTM Encounter Data Elements

The Collaborative supports the proposed 17 enhanced MTM encounter data elements and data element definitions. Using these encounter data elements and SNOMED CT to document MTM activities and other care ensures that the care and services provided is captured as structured data, which enables easy access and retrieval, as well as sharing and exchanging of health information within the integrated health care team.

Enhanced MTM Encounter Data: Meta-Data Fields (2.3)

The Collaborative supports the enhanced encounter data meta-data fields as presented. We agree that standardized, comprehensive meta-fields provide assurance that users of enhanced MTM encounter data share the same understanding of each data element.

Proposed Monitoring Measures (Chapter 3)

The Collaborative supports the three pilot monitoring measures proposed. Because enhanced MTM programs may vary, we agree with CMS' approach of not proposing medication-specific monitoring measures at this time, as well as not focusing on MTM processes that may not be universally used in the new enhanced MTM model.

The Pharmacy HIT Collaborative's vision and mission are to assure the nation's health care 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 was formed in the fall of 2010 by nine pharmacy professional associations, representing 250,000 members, and also includes associate members from other pharmacy-related organizations. The Pharmacy HIT Collaborative's founding organizations represent pharmacists in all patient care settings and other facets of pharmacy, including pharmacy education and pharmacy education accreditation. The Collaborative's

Associate Members represent e-prescribing and health information networks, a standards development organization, transaction processing networks, pharmacy companies, system vendors and other organizations that support pharmacists' services. For additional information, visit www.pharmacyhit.org.

On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the request for information of

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

Respectfully submitted,



Shelly Spiro
Executive Director, Pharmacy HIT Collaborative

Shelly Spiro, RPh, FASCP
Executive Director
Pharmacy HIT Collaborative
shelly@pharmacyhit.org

Susan A. Cantrell, RPh, CAE
Chief Executive Officer
Academy of Managed Care Pharmacy
scantrell@amcp.org

Peter H. Vlasses, PharmD, DSc (Hon), BCPS, FCCP
Executive Director
Accreditation Council for Pharmacy
Education (ACPE)
pvllasses@acpe-accredit.org

Rylan Hanks, PharmD
Regulatory Intelligence
Global Regulatory and R&D Policy – Biosimilars
Amgen, Inc.
rhanks@amgen.com

William Lang, MPH
Senior Policy Advisor
American Association of Colleges of Pharmacy
wlang@aacp.org

C. Edwin Webb, Pharm.D., MPH
Associate Executive Director
American College of Clinical Pharmacy
ewebb@accp.com

Stacie S. Maass, BS Pharm, JD
Senior Vice President, Pharmacy Practice
and Government Affairs
American Pharmacists Association (APhA)
smaass@aphanet.org

Arnold E. Clayman, PD, FASCP
Vice President of Pharmacy Practice &
Government Affairs
American Society of Consultant Pharmacists
Aclayman@ascp.com

Jillanne M. Schulte, JD
Director, Federal Regulatory Affairs
American Society of Health-System Pharmacists
jschulte@ashp.org

Tony Matessa
Cardinal Health - Commercial Technologies
Director, Product Marketing Lead
www.cardinalhealth.com/fuse

Rebecca Snead
Executive Vice President and CEO
National Alliance of State Pharmacy Associations
rsnead@nasp.us

Ronna B. Hauser, PharmD
Vice President, Pharmacy Affairs
National Community Pharmacists Association
(NCPA)
ronna.hauser@ncpanet.org

Stephen Mullenix, RPh
Senior Vice President, Communications &
Industry Relations
National Council for Prescription Drug Programs
(NCPDP)
smullenix@ncpdp.org

Cynthia Kesteloot
Vice President of Operations
OutcomesMTM
ckesteloot@outcomesmtm.com

Cathy DuRei
Director, Trade Channel Management
Pfizer US Trade Group
Cathy.DuRei@Pfizer.com

Adrian Durbin
Director, Public Policy
McKesson Corporate Public Affairs
Adrian.Durbin@McKesson.com

Ken Whittemore, Jr., RPh, MBA
Senior Vice President, Professional & Regulatory
Affairs
Surescripts
ken.whittemore@surescripts.com