



Via Electronic Submission to: www.regulations.gov

January 9, 2023

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0056-P
P.O. Box 8013
Baltimore, MD 21244-8013

CMS-0056-P: Administrative Simplification: Modifications of Health Insurance Portability and Accountability Act of 1996 (HIPPA) National Council for Prescription Drug Programs (NCPDP) Retail Pharmacy Standards; and Adoption of Pharmacy Subrogation Standard

Dear Sir/Madam:

On behalf of its membership, the Pharmacy Health Information Technology Collaborative (PHIT) is pleased to submit comments for *CMS-0056-P: Administrative Simplification, et al.*

PHIT has been involved with the federal agencies, including the Department of Health and Human Services (HHS) Office of the National Coordinator (ONC) and the Centers for Medicare & Medicaid Services (CMS), in developing the national health information technology (HIT) framework for implementing secure access of electronic health information to improve health outcomes since 2010.

Pharmacists provide essential, patient-centered care services to their patients, including Medicare and Medicaid beneficiaries. Pharmacists use health IT, provider directories, telehealth, e-prescribing (eRx), electronic medical record (EMR)/electronic health record (EHR) systems, and certified EHR technology (CEHRT) to help manage patients' health needs. PHIT supports the use of these systems, which are important to pharmacists in working with other health care providers to provide longitudinal person-centered care planning, needed medications, and transmit patient information related to overall patient care, transitions of care, immunization, medication lists, medication allergies, allergy reactions, patient problem lists, smoking status, and social determinants of health (SDOH). Pharmacists also use health IT for reporting to public health agencies (e.g., immunization reporting), clinical decision support services/knowledge artifacts, drug formulary checking, and comprehensive medication management (CMM).

Comments

III(A). Proposed Modifications to NCPDP Telecommunication Standard Implementation Guide Version F6 (Version F6) and Equivalent Batch Standard, Version 15 (Version 15) for Retail Pharmacy Transactions (pages 67638-39)

PHIT supports the adoption of proposed modifications to NCPDP Telecommunication Standard Implementation Guide, Version F6 (Version F6) and Equivalent Batch Standard, Version 15 (Version 15) for Retail Pharmacy Transactions as the replacement for the current adopted NCPDP Telecommunications Standard Implementation Guide, Version D, Release 0 (Version D.0) and the equivalent NCPDP Batch Standard Implementation Guide, Version 1, Release 2 (Version 1.2). PHIT agrees that the enhancements of Version 15 and Version F6 will provide more benefits for retail transactions.

Of particular benefit for pharmacy is that Version F6 accommodates the expansion of financial fields needed for expensive drug therapies now available on the market; includes information needed for prior authorizations; enhances the drug utilization (DUR) fields in the claim response transaction; adds a new coordination of benefits (COB) field; improves prescriber validation; integrates better controlled substance reporting, monitoring, and documentation of compliance; and enhances pharmacy workflows by replacing many clinical and non-clinical free-text fields in Pharmacy Claim and Payer Claim response fields with discrete codified fields.

III(B). Proposed Modification of the Pharmacy Subrogation Transaction Standard for State Medicaid Agencies and Initial Adoption of the Pharmacy Subrogation Standard for Non-Medical Health Plans (pages 67640-41)

PHIT supports the adoption of the proposed rule as drafted, including replacing the current NCPDP Batch Standard Medicaid Subrogation Implementation Guide, Version 3.0, Release 0, with the NCPDP Batch Standard Pharmacy Subrogation Implementation Guide, Version 10 as the standard for pharmacy subrogation transactions.

The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. PHIT's membership is composed of the key national pharmacy associations involved in health IT, the National Council for Prescription Drug Programs, and 14 associate members encompassing e-prescribing, health information networks, transaction processing networks, pharmacy companies, system vendors, pharmaceutical manufacturers, and other organizations that support pharmacists' services.

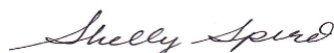
As the leading authority in pharmacy health information technology, PHIT's vision and mission are to ensure the U.S. health IT infrastructure better enables pharmacists to optimize

person-centered care. Supporting and advancing the use, usability, and interoperability of health IT by pharmacists for person-centered care, PHIT identifies and voices the health IT needs of pharmacists; promotes awareness of functionality and pharmacists' use of health IT; provides resources, guidance, and support for the adoption and implementation of standards-driven health IT; and guides health IT standards development to address pharmacists' needs. For additional information, visit www.pharmacyhit.org.

On behalf of PHIT, thank you again for the opportunity to comment on *CMS-0056-P: Administrative Simplification, et al.*

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

Respectfully submitted,



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