



Via Electronic Submission to: www.regulations.gov

December 30, 2023

Chiquita Brooks-LaSure, administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4205-P
P.O. Box 8013
Baltimore, MD 21244

CMS-4205-P: Medicare Program; Contact Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly; Health Information Standards and Implementation Specifications

Dear Administrator Brooks-LaSure:

On behalf of its membership, the Pharmacy Health Information Technology Collaborative (PHIT) is pleased to submit comments for *CMS-4205-P: Medicare Program, 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

6. Requiring NCPDP Formulary and Benefit Standard Version 60 and Retirement of NCPDP Formulary and Benefit Standard Version 3.0, page 78496

PHIT supports the adoption of NCPDP Formulary and Benefit Standard version 60 to replace NCPDP Formulary and Benefit Standard version 3.0, permitting the use of both until January 1, 2027. Although this NCPDP standard is a batch standard, providing information at a plan level rather than the patient level, we also ask that CMS consider including the optional use of APIs (JSON and FHIR) to transmit the relevant formulary and benefit (F&B) information. An API-enabled option would provide faster response time in the request and communication of F&B information between the payer and EHR (i.e., significant efficiency is achieved by moving to API-enabled technology rather than staying with batch transactions. Inserting API connectivity into the EHR brings the appropriate information closer to the point of care.

B. Standards for Electronic Prescribing (§423.160), 78497

PHIT recommends that CMS adopt the NCPDP SCRIPT Standard Version 2023011, as the e-prescribing standard for transmitting prescriptions and prescription-related information for Part D drugs for Part D eligible individuals, and NCPDP Real-Time Prescription Benefit (RTPB) Standard Version 13 as the standard for prescriber RTPBs supported by Part D sponsors. PHIT also supports the transition for the eventual retiring of NCPDP SCRIPT standard version 2017071, which should be replaced by NCPDP SCRIPT Standard Version 2023011 and the recommendations being made by NCPDP. PHIT supports effective date change to January 1, 2027

The revised SCRIPT Standard has the cancelRX feature where a prescriber can cancel a prescription that has been discontinued, which could significantly improve avoiding prescription mix-ups. In addition, the RTPB Standard Version 13 would also promote more informed prescribing by placing cost information with the prescriber when they are prescribing a prescription.

Additionally, PHIT agrees CMS' approach to update and align e-prescribing standards 45 CFR 170.205(b) by cross-referencing Part D requirements with standards adopted by the Office of the National Coordinator for Health Information Technology (ONC) and the standards for electronic transactions in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

8. Standards for Eligibility Transactions, page 78497

PHIT supports the proposal to comply with 45 CFR 162.1202, and as recommended by NCPDP, with continued use of the NCPDP Operating Rules for the ASC X12 270/271 Transactions in Electronic Prescribing, effective January 1, 2027.

C. Adoption of Health IT Standards and Incorporation by Reference (45 CFR 170.205 and 170.299), page 78499

As noted above, PHIT supports the adoption of NCPDP SCRIPT standard version 2023011, NCPDP Real-Time Prescription Benefit (RTPB) Standard Version 13, and the eventual retiring of NCPDP SCRIPT standard version 2017071, as well as the aligned approach for adopting standards in a single location for the Department of Health and Human Services (HHS) use, effective January 1, 2027.

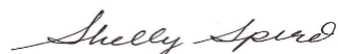
The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. PHIT's membership is composed of the key national pharmacy associations involved in health IT, the National Council for Prescription Drug Programs, and 12 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-4205-P: Medicare Program, et al.*

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

Respectfully submitted,



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