Pharmacy Health Information Technology Collaborative

Via Electronic Submission to: https://www.regulations.gov

February 1, 2021

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-F (Interim Final Rule)
7500 Security Boulevard
Baltimore, MD 21224-1850

Re: [CMS-1734-F] Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug under a Prescription Drug Plan or an MA-PD plan; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; and Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy; Coding and Payment for Virtual Check-in Services Interim Final Rule Policy; Coding and Payment for Personal Protective (PPE) Interim Final Rule Policy; Regulatory Revisions in Response to the Public Health Emergency (PHE) for COVID-19; and Finalization of Certain Provisions from the March 31st, May 8th and September 2nd Interim Final Rules in Response to the PHE for COVID-19.

Dear Sir/Madam:

On behalf of the membership of the Pharmacy Health Information Technology (PHIT) Collaborative, we are pleased to submit comments regarding the proposed interim final rule section of the final rule, *CMS-1734-F Medicare Program, et al.*

The Collaborative has been involved with the federal agencies, including the Office of the National Coordinator (ONC) and the Centers for Medicare and Medicaid Services (CMS), developing the national health information technology (HIT) framework since 2010.

Pharmacists provide essential services to Medicare patients through the Part D prescription drug benefit program and as part of team-based care models in Medicare Part A, B, and C programs. Additionally, pharmacists are users of telehealth and health IT, and in particular, e-prescription(eRx), electronic medical record (EMR)/electronic health record (EHR) systems, and those utilizing certified EHR technology (CEHRT). The Collaborative supports the

use of these systems, which are important to pharmacists in working with other health care providers to provide needed medications and transmit patient information related to overall patient care, transitions of care, immunization (historical and administered), immunization registry reporting, medication lists, medication allergies, allergy reactions, patient problem lists, smoking status, reporting to public health agencies, clinical decision support services/knowledge artifacts, drug formulary checking, and electronic prescribing.

The following comments regarding the proposed interim final rule section of the final rule for *CMS-1734-F Medicare Program, et al,* concern coding and payment of virtual check-in services.

II D(ii). Telehealth and Other Services Involving Communications Interim Final Rule for Coding and Payment of Virtual Check-in Services (page 164)

PHIT supports establishing, on an interim basis, HCPCS code G2252 (*Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management (E/M) services provided to a patient, etc.*). However, as CMS does not recognize pharmacists as "qualified health care professionals," PHIT strongly recommends that CMS modify this code to also recognize that pharmacists as clinical staff/auxiliary personnel working under incident to physician arrangements, can provide brief communication technology-based services (HCPCS code G2252) and have those services reported by a physician or other qualified health care professional. As health care professionals, pharmacists use E/M codes and report these codes in state Medicaid and private sector programs that recognize them as qualified health care professionals. CMS should continue to identify mechanisms to support pharmacists' provision of services in Medicare Part B, including recognition of pharmacists as qualified health care professionals. Pharmacists also participate in the American Medical Association (AMA) CPT editorial panel process for establishing these codes.

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The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. The Collaborative's membership is composed of the key national pharmacy associations involved in health information technology (HIT), the National Council for Prescription Drug Programs, and 13 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, the Pharmacy HIT Collaborative'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, the Collaborative 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.

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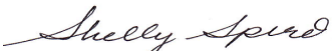
On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the proposed interim final rule section of the final rule for *CMS-1734-F Medicare Program, et al.*

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

Respectfully submitted,



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

Janet P. Engle, PharmD, Ph.D. (Hon), FAPhA, FCCP, FNAP
Executive Director
Accreditation Council for Pharmacy Education (ACPE)
jengle@acpe-accredit.org

Lynette R. Bradley-Baker, Ph.D., CAE, R.Ph.
Senior Vice President of Public Affairs and Engagement
American Association of Colleges of Pharmacy
lbbaker@aacp.org

Ilisa BG Bernstein, PharmD, JD, FAPhA
Senior Vice President, Pharmacy Practice and Government Affairs
American Pharmacists Association (APhA)
IBernstein@aphanet.org

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

Amey C. Hugg, B.S.Pharm., CPHIMS, FKSHP
Director, Section of Pharmacy Informatics and Technology
Pharmacy Practice Sections
American Society of Health-System Pharmacists
ahugg@ashp.org

Brad Tice, PharmD, MBA, FAPhA
Senior Vice President Pharmacy Practice
Aspen RxHealth
bradt@aspenrxhealth.com

Paul Wilder
Executive Director
CommonWell Health Alliance
paul@commonwellalliance.org

Samm Anderegg, Pharm.D., MS, BCPS
Chief Executive Officer
DocStation
samm@docstation.com

Anne Krolikowski
Executive Director
Hematology/Oncology Pharmacy Association
akrolikowski@hoparx.org

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

Sara E. Roszak, DrPH, MPH
Vice President, Pharmacy Care & Health Strategy
Vice President, Research,
National Association of Chain Drug Stores (NACDS) Foundation
sroszak@nacds.org

Ronna B. Hauser, PharmD
Vice President, Pharmacy Policy & Government Affairs Operations
National Community Pharmacists Association (NCPA)
ronna.hauser@ncpa.org

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

Mark J. Gregory
Director, Pharmacy Consultant, Population Health Solutions
Omnicell, Inc.
mark.gregory@omnicell.com

Lisa Hines, PharmD, CPHQ
Vice President, Performance Measurement
Pharmacy Quality Alliance (PQA)
LHines@Pqaalliance.org

Jeff Newell
Chief Executive Officer
Pharmacy Quality Solutions, Inc.
jnewell@pharmacyquality.com

Michelle M. Wong, PharmD
Chief Executive Officer
Pharmetika
mwong@pharmetika.com

Josh Howland, PharmD. MBA
VP Clinical Strategy
PioneerRx
Josh.Howland@PioneerRx.com

Mindy Smith, BSPharm, RPh
Vice President Pharmacy Practice Innovation
PrescribeWellness
msmith@prescribewellness.com

Steve Gilbert, R.Ph., MBA
Vice-President, Performance Improvement
Tabula Rasa HealthCare
sgilbert@trhc.com

Randy Craven
Project Manager, Medication Therapy Management (MTMP)
Wellcare
randy.craven@wellcare.com