



Via Electronic Submission to: www.regulations.gov

March 13, 2023

Ms. Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS-0057-P
P.O. Box 8013
Baltimore, MD 21244-8013

CMS-0057-P: Medicare & Medicaid Program; Patient Protection and Affordable Care Act; Advancing Interoperability and Improving Prior Authorization Processes for Medicare Advantage Organizations, Medicaid Managed Care Plans, State Medicaid Agencies, Children’s Health Insurance Program (CHIP) and CHIP Managed Care Entities, Issuers of Qualified Health Plans on the Federally-facilitate Exchanges, Merit-based Incentive Payment System (MIPS) Eligible Clinicians, and Eligible Hospitals and Critical Access Hospitals in the Medicare Promoting Interoperability Program

Dear Administrator Brooks-LaSure:

On behalf of its membership, the Pharmacy Health Information Technology Collaborative (PHIT) is pleased to submit comments for *CMS-0057-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).

PHIT comments pertain to the improving prior authorization processes portion of the proposed rule.

Comments

PHIT agrees that there is a separate process for prior authorization for drugs and understands why CMS decided not to cover drugs in this proposed rule nor apply the Prior Authorization Requirements, Documentation, and Decision (PARDD) Application Programming Interface (API) to drugs at this time.

Although the proposal excludes drugs, it must be noted that payers will still need to communicate with pharmacists or providers may want to work pharmacists under collaborative practice agreements. The reason for this is that pharmacists, who are health care providers, provide medication therapy management (MTM) services and other clinical services to patients. In some instances, pharmacists submit services that require prior authorization to payers and use the health care claim and payment information standard X12 837 for payment. As discussed by CMS, the prior authorization requested for these services may be submitted using the adopted HIPAA X12 278 standard for medical items and services, which include clinical services.

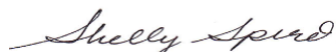
The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. PHIT's membership is composed of the key national pharmacy associations involved in health IT, the National Council for Prescription 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-0057-P: 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

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
Interim Executive Vice President & CEO
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, Member Relations
Section of Pharmacy Informatics and
Technology
Section of Digital and Telehealth Practitioners
American Society of Health-System Pharmacists
ahugg@ashp.org

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

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

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

Youn J. Chu, PharmD, RPh
Clinical Consultant, Population Health
Management
EnlivenHealth an Omnicell Innovation
youn.chu@omnicell.com

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

Kevin N. Nicholson, R.Ph., J.D.
Vice President, Public Policy, Regulatory, and
Legal Affairs
National Association of Chain Drug Stores
(NACDS)
knicholson@nacds.org

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

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

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

Lisa Hines, PharmD, CPHQ
Chief Quality & Innovation Officer
Pharmacy Quality Alliance (PQA)
LHines@Pqaalliance.org

Josh Howland, PharmD. MBA
SVP Clinical Strategy & Development
PioneerRx, RedSail Technologies
Josh.Howland@PioneerRx.com

Ross E. Pope
CEO
Prescribery
ross@prescribery.com

Paige Clark, RPh.
VP of Pharmacy Programs and Policy
Prescriptive
Paige.Clark@prescriptive.com

Ken Whittemore Jr.
VP, Pharmacy & Regulatory Affairs
Surescripts
Ken.Whittemore@surescripts.com

Leann Lewis
Director, Industry Relations
Synerio
leann.lewis@synerio.com

Mindy Smith, BSP Pharm, RPh, MHA
Senior Vice President Professional Affairs
Tabula Rasa HealthCare
MSmith@trhc.com

Jeffery Shick, R.Ph.
Director, Translational Informatics
Digital & Innovation
US Pharmacopeia (USP)
Jeff.shick@USP.org