



Via Electronic Submission to: www.regulations.gov

February 13, 2023

Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS-4201-P
P.O. Box 8013
Baltimore, MD 21244-8013

CMS-4201-P: Medicare Program; Contract Year 2024 Policy and Technical Changes to Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, Medicare Parts A, B, C, and D Overpayment Provisions of the Affordable Care Act and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications

To Whom it May Concern:

On behalf of its membership, the Pharmacy Health Information Technology Collaborative (PHIT) is pleased to submit comments for *CMS-4201-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 following areas: Standards for Electronic Prescribing, Digital Health Education for Medicare Enrollees Using Telehealth, and Adoption of Health Information Technology Standards.

PHIT supports the recommendations the National Council of Prescription Drug Programs (NCPDP) is submitting for this proposal.

4. Digital Health Education for Medicare Advantage (MA) Enrollees Using Telehealth (§422.112)

PHIT supports the proposed requirements for MA organizations to develop and maintain procedures to identify and offer digital health education to enrollees with low digital literacy to assist them with accessing medically necessary covered telehealth benefits, especially when the provider and enrollee are not in the same location using “electronic exchange.” PHIT agrees with CMS that this would be a first step for MA organizations to assess health inequity in telehealth in their plans and help enrollees navigate telehealth.

Pharmacists are a part of the health care management teams providing Medicare services and are also telehealth providers. Pharmacists can play a vital role in telehealth because of the relationships they have with patients. Pharmacists provide hands-on education to patients and could influence patients’ use of telehealth and help remove some barriers.

Telehealth enables pharmacists to connect with established health care management teams and patients, particularly when questions arise concerning medications prescribed or changes to medications, independent of geography. In many instances, especially in rural and underserved areas where telehealth would be invaluable, pharmacists are the first point of contact by patients and their caregivers.

The role of pharmacists in telehealth is expanding. Many types of medication management services (MMS)¹ provided by pharmacists are clinically appropriate for telehealth, including: medication therapy management, chronic care management (e.g., diabetes, hypertension), medication reconciliation, transitions of care, pharmacogenomics, interpretation of diagnostic tests and providing test results, and consultations with patients and health care providers.

Although Medicare routinely pays physicians and other health care providers and practitioners (e.g., social workers, dieticians; see 42 C.F.R. §410.73 and §410.134 respectively) for several kinds of services provided via interactive communication technology, PHIT and its members believe pharmacists should also be paid for the telehealth services they provide.

¹ “Medication Management Services (MMS) Definition and Key Points,” Joint Commission of Pharmacy Practitioners, <https://jcpp.net/wp-content/uploads/2018/05/Medication-Management-Services-Definition-and-Key-Points-Version-1.pdf>

S. Standards for Electronic Prescribing (§423.160)

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.

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).

S.5. Standards for Eligibility Transactions

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.

T. Adoption of Health IT Standards (45 CFR 170.205)

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.

Concerning the retirement date for NCPDP SCRIPT standard version 2017071, PHIT agrees with NCPDP's recommendation (and additional suggestions) that both the 2017071 and 2023011 versions be available for HHS until January 1, 2026 rather than January 1, 2025 as proposed.

U. Incorporation by Reference (45 CFR 170.299)

In this section, we noticed that the same link (<http://www.ncdp.org/Standards/Standards-Info>) is provided for the NCPDP SCRIPT Standard Implementation Guide, Version 2022011 and

NCPDP Real-Time Prescription Benefit (RTPB) Standard Implementation Guide, Version 12; however, the link does not work. When the link is accessed either by clicking on or copying/pasting it into the web browser, the page provides a “Server Error: 404 – File or directory not found” message.

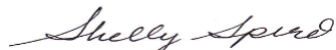
The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. PHIT’s membership is composed of the key national pharmacy associations involved in health IT, the National Council for Prescription 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-4201-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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