



**Via Electronic Submission to:** <http://www.regulations.gov>

January 25, 2019

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4180-P  
PO Box 8013  
Baltimore, MD 21224-8013

**Re: [CMS-4180-P] Modernizing Part D Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses**

Dear Sir/Madam:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments for the *Modernizing Part D Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses* proposed rule.

Pharmacists provide essential services to Medicare patients through the Part D prescription drug benefit program. Additionally, pharmacists are users of health IT, and in particular, e-prescription and EMR (EHR) systems. 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 Collaborative has been involved with the federal agencies, including the Office of the National Coordinator (ONC) and the Centers for Medicaid and Medicare Services (CMS), in developing the national health information technology (HIT) framework and standards since 2010.

The following are our comments regarding the proposed updating of the Part D e-prescribing standards.

### **C. E-Prescribing and the Part D Prescription Drug Program; Updating Part D E-Prescribing Standards (§423.160)**

The Collaborative supports moving from the current required NCPDP SCRIPT standard, Implementation Guide Version 10.6 to requiring prescribers and dispensers to use NCPDP SCRIPT standard, Implementation Guide Version 2017071, beginning January 1, 2020. This standard was approved in 2017 to provide for the communication of prescription or prescription related-information between prescribers and dispensers for the older named transactions and a handful of new transactions listed at §423.160(b)(2)(iv). Version 2017071, which is now available for testing, also contains electronic prior authorization (ePA) transactions, as well as transactions for new prescription requests, transfers, and Risk Evaluation and Mitigation Strategy (REMS) requests and responses.<sup>1</sup>

The Collaborative is also supportive of a real-time benefit tool (RTBT) requirement on Part D sponsors to work in conjunction with the existing NCPDP SCRIPT and NCPDP Formulary and Benefits (F&B) electronic standards to provide the prescriber a complete view of the beneficiary's prescription benefit information, as well as providing complete and accurate real-time formulary information, including drug cost transparency and the beneficiary's out-of-pocket cost information. To achieve this, though, the RTBT needs to be capable of integrating with the prescriber's electronic prescribing and electronic medical record systems at the point of prescribing. We also suggest that such RTBTs conform to emerging standards and capabilities to meet this goal and CMS allow ample time to use RTBTs before naming a standard in regulation.

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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 of Prescription Drug Programs, and nine associate member 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-center 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

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<sup>1</sup> <http://www.ncdp.org/NCPDP/media/pdf/pressrelease/SCRIPT-v-2017071Testing-Tool-Now-Available-091318.pdf>, accessed 1/4/19.

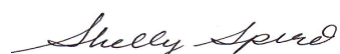
and implementation of standards driven health IT; and guides health IT standards development to address pharmacists' needs. For additional information, visit [www.pharmacyhit.org](http://www.pharmacyhit.org).

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On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the *Modernizing Part D Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses* proposed rule.

For more information, contact Shelly Spiro, executive director, Pharmacy HIT Collaborative, at [shelly@pharmacyhit.org](mailto:shelly@pharmacyhit.org).

Respectfully submitted,



Shelly Spiro, RPh, FASCP  
Executive Director, Pharmacy HIT Collaborative  
[shelly@pharmacyhit.org](mailto:shelly@pharmacyhit.org)

Susan A. Cantrell, RPh, CAE  
Chief Executive Officer  
Academy of Managed Care Pharmacy  
[scantrell@amcp.org](mailto:scantrell@amcp.org)

Peter H. Vlasses, PharmD, DSc (Hon), FCCP  
Executive Director  
Accreditation Council for Pharmacy  
Education (ACPE)  
[pvllasses@acpe-accredit.org](mailto:pvllasses@acpe-accredit.org)

Lynette R. Bradley-Baker, R.Ph., Ph.D.  
Senior Vice President of Public Affairs and  
Engagement  
American Association of Colleges of  
Pharmacy  
[lbbaker@aacp.org](mailto:lbbaker@aacp.org)

Stacie S. Maass, BS Pharm, JD  
Senior Vice President, Pharmacy Practice  
and Government Affairs  
American Pharmacists Association (APhA)  
[smaass@aphanet.org](mailto:smaass@aphanet.org)

Arnold E. Clayman, PD, FASCP  
Vice President of Pharmacy Practice &  
Government Affairs  
American Society of Consultant Pharmacists  
[aclayman@ascp.com](mailto:aclayman@ascp.com)

Amey C. Hugg, B.S.Pharm., CPHIMS, FKSHP  
Director, Section of Pharmacy Informatics  
and Technology Member Relations Office  
American Society of Health-System  
Pharmacists  
[ahugg@ashp.org](mailto:ahugg@ashp.org)

Brad Tice, PharmD, MBA, FAPhA  
Senior Vice President Pharmacy Practice  
Aspen RxHealth  
[bradt@aspenrxhealth.com](mailto:bradt@aspenrxhealth.com)

Jitin Asnaani  
Executive Director  
CommonWell Health Alliance  
[jitin@commonwellalliance.org](mailto:jitin@commonwellalliance.org)

Samm Anderegg, Pharm.D., MS, BCPS Chief  
Executive Officer  
DocStation  
[samm@docstation.co](mailto:samm@docstation.co)

Michael M. Bourisaw  
Executive Director  
Hematology/Oncology Pharmacy  
Association  
[mbourisaw@hoparx.org](mailto:mbourisaw@hoparx.org)

Rebecca Snead  
Executive Vice President and CEO  
National Alliance of State Pharmacy  
Associations  
[rsnead@naspa.us](mailto:rsnead@naspa.us)

Ronna B. Hauser, PharmD  
Vice President, Pharmacy Policy &  
Regulatory Affairs  
National Community Pharmacists  
Association (NCPA)  
[ronna.hauser@ncpanet.org](mailto:ronna.hauser@ncpanet.org)

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

Rebecca Chater, RPh, MPH, FAPhA  
Director, Clinical Health Strategy  
Omnicell, Inc.  
[rebecca.chater@omnicell.com](mailto:rebecca.chater@omnicell.com)

Parmjit Agarwal, PharmD, MBA  
Director, Pharmacy Development  
Pfizer  
[Parmjit.Agarwal@pfizer.com](mailto:Parmjit.Agarwal@pfizer.com)

Lisa Hines, PharmD  
Vice President, Performance Measurement  
& Operations  
Pharmacy Quality Alliance (PQA)  
[LHines@pqaalliance.org](mailto:LHines@pqaalliance.org)

Jeff Newell  
Chief Executive Officer  
Pharmacy Quality Solutions, Inc.  
[jnewell@pharmacyquality.com](mailto:jnewell@pharmacyquality.com)

Michelle Wong  
Chief Executive Officer  
Pharmetika  
[mwong@pharmetika.com](mailto:mwong@pharmetika.com)

Mindy Smith, BSPHarm, RPh  
Vice President Pharmacy Practice Innovation  
PrescribeWellness  
[msmith@prescribewellness.com](mailto:msmith@prescribewellness.com)

Patrick Harris Sr., MBA, CPhT Director,  
Business Development  
RelayHealth  
[patrick.Harris@RelayHealth.com](mailto:patrick.Harris@RelayHealth.com)

Ken Whittemore, Jr., RPh, MBA  
Vice President, Professional & Regulatory  
Affairs  
Surescripts  
[ken.whittemore@surescripts.com](mailto:ken.whittemore@surescripts.com)

Steve Gilbert, R.Ph., MBA  
Vice-President, Performance Improvement  
Tabula Rasa HealthCare  
[sgilbert@trhc.com](mailto:sgilbert@trhc.com)

Michael Morgan  
Chief Executive Officer  
Updox  
[mmorgan@updox.com](mailto:mmorgan@updox.com)