



January 16, 2018

Administrator Seema Verma
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted Electronically

Re: RIN 0938-AT08: Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program

Dear Administrator Verma:

Health IT Now (HITN) appreciates your consideration of our comments and perspectives pertaining to the proposed rule. Our letter focuses on the provisions addressing the proposed update in utilization of the SCRIPT standard, the inclusion of electronic prior authorization, and the retrospective nature of the process by which beneficiaries are deemed “at risk” for purposes of enrolling in a drug management or “lock-in” program. HITN is a diverse coalition of health care providers, patient advocates, consumers, employers, and payers who support the adoption and use of health IT to improve health outcomes and lower costs.

SCRIPT Standard Version 2017071

HITN fully supports the proposed update for utilization of SCRIPT Standard Version 2017071 for appropriate transactions, including its designation as the official e-prescribing transaction standard and the inclusion of its use for nine previously manual transactions. We understand that these updates have been requested by industry due to increased capabilities and efficiencies and would benefit those utilizing the transactions and the system as a whole. HITN strongly urges CMS to include the SCRIPT update in the final rule.

While HITN supports CMS’ proposal in this area, correct implementation is crucial to a seamless and successful integration. We understand that the transition to the current standard took three years and those who utilized the standard early on in the process were able to identify potential issues with implementation. Those issues were then addressed, easing the adoption process for others. We echo and would encourage CMS to pay particular attention to the National Council for Prescription Drug Programs’ (NCPDP) comments regarding an implementation timeline in order to ensure successful utilization.

Electronic Prior Authorization

HITN is concerned electronic prior authorization (ePA) for medication transactions is not included on the list of functions for which SCRIPT Standard Version 2017071 is to be used. HITN encourages CMS to add ePA to the list in the final rule as the standard supports ePA and the benefits of ePA versus that of traditional prior authorization (PA) are well-documented. ePA drastically reduces the amount of time healthcare providers and their staffs spend completing PAs each week. Existing technology allows for streamlined communication and a more efficient process that ultimately results in patients being able to begin appropriate, approved and prescribed therapies more quickly while reducing the estimated 75 million prescriptions abandoned every year. This slows disease progression, reduces administrative burden on providers, and lowers costs.

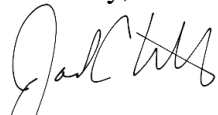
“Lock-in” Program Implementation

HITN appreciates CMS’ work to combat the opioid epidemic by implementing the “lock-in” provisions with the goal of reducing opioid overuse, misuse, and abuse within Medicare. The proposed rule includes detailed processes for notification, exemptions, appeals, procedures, and policies to ensure standardization and to provide direction to those implementing these types of programs. We are concerned the approach continues the retrospective process through which beneficiaries are determined to be “at risk” – through claims data able to expose potentially addictive behaviors such as obtaining opioid prescriptions from multiple providers or multiple dispensers.

Because claims adjudication and e-prescribing transactions occur in real-time, we encourage CMS to explore allowing plans to make “at risk” determinations in real-time via prescription transactions. Clinical alerts, similar to DUR alerts already utilized today, could be deployed to alert both plan and prescriber when a red flag occurs. If implemented correctly, the solution would include benefits such as early detection of potentially addictive behaviors and providing real-time, accurate, and complete information to clinicians at the points of prescribing and dispensing so they are able to make the best clinical decisions for or with the beneficiary. We understand that this concept would require additional coordination of information and technology, but believe this is the direction these types of alerts and programs should be headed. We encourage CMS to work towards this type of solution.

We appreciate your consideration of our comments and look forward to working with CMS to continue improving the Medicare program.

Sincerely,

A handwritten signature in black ink, appearing to read "Joel C. White", written over a horizontal line.

Joel C. White
Executive Director