



January 16, 2018

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4182-P
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted electronically at: <https://www.regulations.gov/docket?D=CMS-2017-0156>

Re: 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 proposed rule.

Dear Administrator Verma,

Thank you for allowing us the opportunity to comment on the new proposed rule regarding 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.

Nebraska Medicine is a two location hospital system that is licensed for 809 beds. We also have more than 40 specialty and primary clinics in the Omaha and surrounding areas. We employ more than 1,000 physicians, with many more who have privileges to practice at our hospitals and clinics. We use Epic Systems software for our EHR, both in our inpatient and outpatient settings. We are part of the Epic network that helps to send 297,000,000 new prescriptions over the Surescripts network every year. We feel that our expansive use of e-prescribing in our system, both inpatient and outpatient, informs the recommendations that we have attached to this letter.

Thank you for your time and consideration.

Sincerely,

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NCPDP SCRIPT 2017071 Adoption

In the section entitled “E-prescribing and the Part D Prescription Drug Program; Updating Part D E-prescribing Standards” (p 56438), the proposed rule advocates for the adoption of the NCPDP SCRIPT 2017071 and retirement of NCPDP SCRIPT 10.6. We agree that switching the industry to a newer version would be beneficial to the industry as changes have been made to the standard which can help resolve some of the issues that exist in e-prescribing. For example, allowing longer patient directions will help the clarity of prescriptions with complex dosing instructions.

However, as the industry plans to move to NCPDP SCRIPT 2017071, please consider the following challenges we as a whole will face:

NCPDP SCRIPT 10.6 Sunset Date

The proposed rule would require adoption of NCPDP SCRIPT 2017071 and retirement of the current script on January 1, 2019. If this proposal goes in to effect, this would affect both developers and end users negatively. It would give both groups less than one year from the final ruling to:

1. Complete development to support for the new standard in all support software packages and versions
2. Test the configuration required for the new standard
3. Complete any needed network certifications
4. Move this configuration into production

A changeover window of less than one year is not sufficient enough for safe and proficient development and implementation, for the builders or end users. We follow our EHR’s recommendation and strongly suggest that 24 months be given from the point of final ruling on this new standard and requirement of everyone to have the new standard in use. When other standard transitions have occurred, such as NCPDP SCRIPT 8.1 to NCPDP SCRIPT 10.6, there were transition windows of 18 to 40 months provided in the rulemaking process. We also agree with Epic’s recommendation that a 24 month transition time, from rule finalization to requiring the new standard be in place by all end users, is a sufficient time period. A period of 24 months would allow both developers and end users ample time to make sure that all build is complete and allow for a smooth transition so that patients are kept as safe as possible during the move from one version to another.

NCPDP SCRIPT Transition Window

The new proposed rule calls for a hard cutover from NCPDP SCRIPT 10.6 to NCPDP SCRIPT 2017071 on January 1, 2019. Previous transitions of NCPDP SCRIPT allowed a transition window during which either standard were allowed to be used as opposed to all transactions in the entire country cutting over on the same day. Allowing a transition window gives those in the industry, who are using the e-prescribing system, an opportunity to address any issues discovered once the first organizations adopt the new standard. If all organizations go live on the same day, and there are issues not discovered before go live, the entire industry could be affected and have large and far reaching effects on patients and their ability to get access to their medications.

If a transition window is not possible, we would recommend moving the cutover date for the new NCPDP SCRIPT version from a federal holiday. Since the new version of NCPDP SCRIPT impacts prescriptions and not a billing issue that is reliant on the start of a new year, this would simplify support of the cutover by the necessary IT staff at all healthcare organizations.