January 12, 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/#!submitComment;D=CMS-2017-0156-0046>

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 this opportunity to comment on the 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.

Epic is an electronic health records (EHR) developer based in Verona, Wisconsin. Epic makes software for mid-size and large medical groups, hospitals and integrated healthcare organizations – working with customers that include community hospitals, academic facilities, children's organizations, safety net providers and multi-hospital systems. Epic participates in industry standards development including standards organizations that impact medication communication such as the National Council for Prescription Drug Programs (NCPDP) and Health Level 7 (HL7). Our integrated software supports both inpatient & outpatient providers and pharmacists, giving us valuable experience with the prescribing process for both physicians and pharmacists. Through the use of Epic software, members of the Epic community send over 297,000,000 new electronic prescriptions to retail and mail order pharmacies every year through the Surescripts network.

Our e-prescribing experience, as well as our broad general experience developing a sophisticated EHR and supporting the healthcare organizations that use it, inform the suggestions we make attached to this letter.

Thank you for your consideration.

Sincerely,



Cameron Szychlinski

## 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 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 we plan to move the industry to NCPDP SCRIPT 2017071, please consider the following challenges the industry will face:

***NCPDP SCRIPT 10.6 Sunset Date***

The proposed rule advocates for complete adoption of the NCPDP SCRIPT 2017071 and retirement of the current version (NCPDP SCRIPT 10.6) on January 1, 2019. If this proposal goes into effect, this would leave EHR developers and EHR users less than one year from the final rule to:

1. Complete development to support the new standard in all supported 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 transition window of less than one year is insufficient for safe and efficient development and implementation. We urge that 24 months be given between the official confirmation of this transition and the deadline for everyone to have the new standard in use. When the e-prescribing industry has completed other transitions (such as the transition from NCPDP SCRIPT 8.1 to NCPDP SCRIPT 10.6 as well as the transition from Formulary & Benefits 1.0 to Formulary & Benefits 3.0), transition windows of 18-40 months were provided in the rulemaking. A 24 month transition from the time of finalizing a rule will allow EHR developers and healthcare organizations adequate time to safely upgrade their interface.

***NCPDP SCRIPT Transition Window***

The proposed rule advocates for a hard cutover from NCPDP SCRIPT 10.6 to NCPDP SCRIPT 2017071 on January 1, 2019. Previous transitions of NCPDP SCRIPT, such as the transition of NCPDP SCRIPT 8.1 to NCPDP SCRIPT 10.6 allowed a transition window during which either standard were allowed to be used as opposed to all transactions cutting over on the same day. Allowing a transition window gives the industry an opportunity to address any issues discovered once the first organizations adopt the new standard without these issues impacting the entire industry.

If a transition window is not possible, we would recommend moving the cutover date for the new version of NCPDP SCRIPT 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.

***Reconciling With Other Government Programs***

There are other government programs that mandate the usage of NCPDP SCRIPT 10.6. For example, the “ONC 2015 Edition Health IT Certification Criteria” mandates that EMR vendors support NCPDP SCRIPT 10.6 in order to be considered for ONC 2015 Edition Certification. Meanwhile, the “CMS Electronic Health Record Incentive Program – Stage 3” require prescriptions to be transmitted in accordance with the standards named in the certification criteria for Objective 2: Generate and Transmit Permissible Prescriptions Electronically. We request clarification on how entities can continue to meet this proposed regulation while still complying with these other government programs.

## NCPDP SCRIPT CENSUS Transaction

In the section entitled “E-Prescribing and the Part D Prescription Drug Program; Updating Part D E-Prescribing Standards” (p 56438), the proposed rule comments that it will not mandate the use of the CENSUS transaction. We agree with this recommendation as there are other transactions in use for this purpose within the industry today (such as HL7). Until CENSUS is more widely adopted and shows a larger value than existing standards, it would be premature to name CENSUS as a required message specification for this purpose.

## NCPDP SCRIPT REMS Transactions

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 adding Risk Evaluation and Mitigation Strategy (REMS) transactions to the list of transaction types (REMS initiation request, REMS initiation response, REMS request, REMS response). The NCPDP REMS-related transactions are not commonly used in production today. As a result, we should wait until these transactions are proven compared to other standards before mandating the NCPDP standard for REMS usage.