January 16, 2018

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

To Whom It May Concern,

PointClickCare is pleased to share these comments on select provisions of the Center for Medicare & Medicaid Services’ (CMS’) *Proposed Policy Changes and Updates for Medicare Advantage and the Prescription Drug Benefit Program for Contact Year 2019 (CMS-4182-P).*

PointClickCare is the leading provider of cloud-based software and services designed for the long-term and post-acute care (LTPAC) and senior living markets. PointClickCare is helping over 15,000 long-term and post-acute care (LTPAC) providers meet the challenges of senior care by enabling them to achieve the business results that matter – enriching the lives of their residents and patients, improving financial and operational health, and mitigating risk. PointClickCare’s cloud-based software platform is advancing senior care by enabling a person-centered approach to care, connecting healthcare providers across the care continuum with easy to use, regulatory compliant solutions for improved resident outcomes, enhanced financial performance, and staff optimization.

PointClickCare focused our comments on one section of this comprehensive proposed rule, updating the Part D E-Prescribing Standards.

# EXCERPT – See Page 56439 of [*Proposed Rule*](https://www.gpo.gov/fdsys/pkg/FR-2017-11-28/pdf/2017-25068.pdf)

**CMS Proposal –** Proposed adoption of NCPDP SCRIPT version 2017071 as the official Part D E- Prescribing Standard for certain specified transactions, retirement of NCPDP SCRIPT 10.6, proposed conforming changes elsewhere in 423.160, and correction of a historic typographical error in the regulatory text which occurred when NCPDP SCRIPT 10.6 was initially adopted.

**PointClickCare Comment –** PointClickCareagrees with the decision to move to the NCPDP SCRIPT Version 2017071 as the new standard includes many new enhancements to message limitations such as prescriber directions are no longer limited to 140 characters, DrugAdministration messages, separate placement for communication of hours of administration for LTPAC facilities and pharmacies and other beneficial changes. We feel the new standard is needed by the industry to help improve patient safety and operational efficiency for the LTPAC industry.

**CMS Proposal –** 423.160(b)), we propose to require use of NCPDP SCRPT 2017071 for the following transactions:

* Prescription drug administration message,
* New prescription requests,
* New prescription response denials,
* Prescription transfer message,
* Prescription fill indicator change,
* Prescription recertification,
* Risk Evaluation and Mitigation Strategy (REMS) initiation request,
* REMS initiation response, REMS request, and
* REMS response.

**PointClickCare Comment –** PointClickCare supports the use of all the transactions listed as outlined in the NCPDP implementation guide along with the industry exceptions that are described in the implementation guide. For instance, Prescription Transfer and New Prescription Request are listed as not applicable to LTC. Renewal request is also not widely supported in LTPAC EHR as typically renewal request will go out to the prescriber instead of the facility. Whereas Resupply, Prescription Drug Administration, and Prescription Recertification transactions are LTC only with retail ePrescribing exempt from this transaction. We recommend adding supporting language within the regulation that if an entity is going to have workflows supporting given transactions then NCPDP 2017071 standard should be followed rather, as otherwise the ruling reads that an entity is required to support all given transactions.

We also recommend for Prescription Transfer that the individual messages be listed as shown below:

* Prescription Transfer Request
* Prescription Transfer Response
* Prescription Transfer Confirm

Similarly, Resupply/Refill Request and Response should be separated as follows, since Resupply does not have a response and Refill Request has been renamed to Renewal:

* Resupply
* Renewal Request
* Renewal Response

For consistency purposes, we suggest that the REMs transactions be shown as:

* Risk Evaluation and Mitigation Strategy (REMS) initiation request
* REMS initiation response
* REMS request
* REMS response

# EXCERPT – See Page 56440 of [*Proposed Rule*](https://www.gpo.gov/fdsys/pkg/FR-2017-11-28/pdf/2017-25068.pdf)

**CMS Proposal –** As such, we are proposing to revise § 423.160(b)(1)(iv) so as to limit its application to transactions before January 1, 2019 and add a new § 423.160(b)(1)(v). The requirement at § 423.160(b)(1)(v) would identify the standards that will be in effect on or after January 1, 2019, for those that conduct e-prescribing for part D covered drugs for part D eligible beneficiaries. If finalized, those individuals and entities would be required to use NCPDP SCRIPT 2017071 to convey prescriptions and prescription-related information for the following transactions:

* Get message transaction.
* Status response transaction.
* Error response transaction.
* New prescription request transaction.
* Prescription change request transaction.
* Prescription change response transaction.
* Refill/Resupply prescription request transaction.
* Refill/Resupply prescription response transaction.
* Verification transaction.
* Password change transaction.
* Cancel prescription request transaction.
* Cancel prescription response transaction.
* Fill status notification.
* Prescription drug administration message.
* New prescription requests.
* New prescription response denials.
* Prescription transfer message.
* Prescription fill indicator change.
* Prescription recertification.
* Risk Evaluation and Mitigation Strategy (REMS) initiation request.
* REMS initiation response, REMS request
* REMS initiation response.
* REMS request.
* REMS response.

**PointClickCare Comment –** PointClickCare agrees with the listing of the transactions and feel they should only be mandatory for the entity if there is a business need for it and as advised in the NCPDP implementation guide. For instance, there are LTPAC eprescribing specific and Retail eprescribing specific transactions. LTPAC EHRs and their customers should not be required to support transactions that are not applicable to their setting as those messages would not be used. Another example is the GetMessage transaction which is only useful if the integrated party is using a mailbox type of connection.

PointClickCare is recommending listing the transactions by their NCPDP name (New prescription request transaction = NewRx, New prescription requests = NewRx) to avoid confusion as it may appear that they are listed twice; additionally, we recommend separating Resupply/Refill request rows as follows:

* RenewalRequest
* RenewalResponse
* Resupply

RenewalRequest and Resupply have different use cases and therefore should not be listed together.

**CMS Proposal –** In addition, we propose to add § 423.160(b)(1)(v) to provide that NCPDP Version 2017071 must be used to conduct the covered transactions on or after January 1, 2019. Furthermore, we are proposing to amend § 423.160(b)(2) by adding § 423.160(b)(2)(iv) to name NCPDP SCRIPT Version 2017071 for the applicable transactions. Finally, we propose to incorporate NCPDP SCRIPT version 2017071 by reference in our regulations. We seek comment regarding our proposed retirement of NCPDP SCRIPT version 10.6 on December 31, 2018 and adoption of NCPDP SCRIPT Version 2017071 on January 1, 2019 as the official Part D e-prescribing standard for the e-prescribing functions outlined in our proposed § 423.160(b)(1)(v) and (b)(2)(v), and for medication history as outlined in our proposed § 423.160(b)(4), effective January 1, 2019. We are also soliciting comments regarding the impact of these proposed effective dates on industry and other interested stakeholders.

**PointClickCare Comment –** PointClickCare is requesting a transition period be added to the implementation timeline. We suggest a voluntary use date for SCRIPT Standard Version 2017071 to be as soon as possible, such as the effective date of the Final Rule and the sunset date for SCRIPT Version 10.6 be 18 months later. The transition would provide an opportunity for vendors to incorporate the necessary changes and test with vendor partners so that the risk of healthcare delivery delays and interruptions is decreased and patient safety is maintained.  
  
There are many actions that must happen prior to the mandated use of SCRIPT Version 2017071. These time-consuming actions include:

* + Design, development, and testing by various vendors which include:
    - EHR vendors
    - Pharmacy software vendors
    - Prescribers
    - Pharmacies
    - Payers and intermediaries who route transactions
  + End User Testing
  + Testing of integration between software vendors
  + Software certification/re-certification
  + EPCS auditing
  + Implementation
  + Training

In addition, PointClickCare recommends the regulatory compliance date for the NCPDP SCRIPT Standard Version 2017071 not fall on the first of January as it would compound the possible risk of healthcare delivery delays and interruptions due to administrative changes that occur with the new plan year on January 1st.

Additionally, the use of the NCPDP SCRIPT Version 2017071 needs to be reconciled with other government programs requiring the use of SCRIPT Version 10.6 (such as the CMS Electronic Health Record Incentive Program Stage 3 and the ONC 2015 Edition Health IT Certification Criteria). If testing and certification tools for the NCPDP SCRIPT Version 2017071 standard are not available, supporting or clarifying language about “self” certification in the interim or some such language would be helpful to the industry and will promote adoption.

Sincerely,

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