

Submitted electronically via www.regulations.gov

January 6, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-0056-P, Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Administrative Simplification: Modifications of Health Insurance Portability and Accountability Act of 1996 (HIPAA) National Council for Prescription Drug Programs (NCPDP) Retail Pharmacy Standards; and Adoption of Pharmacy Subrogation Standard [[CMS-0056-P](#)]

Administrator Brooks-LaSure,

The National Community Pharmacists Association (NCPA) appreciates the opportunity to provide feedback to CMS' proposed rule: Administrative Simplification: Modifications of Health Insurance Portability and Accountability Act of 1996 (HIPAA) National Council for Prescription Drug Programs (NCPDP) Retail Pharmacy Standards; and Adoption of Pharmacy Subrogation Standard. NCPA represents America's community pharmacists, including 19,400 independent community pharmacies. Almost half of all community pharmacies provide long-term care services and play a critical role in ensuring patients have immediate access to medications in both community and long-term care (LTC) settings. Together, our members represent a \$78.5 billion healthcare marketplace, employ 240,000 individuals, and provide an expanding set of healthcare services to millions of patients every day. Our members are small business owners who are among America's most accessible healthcare providers.

Comments

III(A). Proposed Modifications to NCPDP Telecommunication Standard Implementation Guide Version F6 (Version F6) and Equivalent Batch Standard, Version 15 (Version 15) for Retail Pharmacy Transactions (pages 67638-39)

NCPA supports the adoption of proposed modifications to NCPDP Telecommunication Standard Implementation Guide, Version F6 (Version F6) Retail Pharmacy Transactions as the replacement for the current adopted NCPDP Telecommunications Standard Implementation Guide, Version D, Release 0 (Version D.0). NCPA agrees that the enhancements inherent in Version F6 will provide more benefits for retail transactions.

Of particular benefit for pharmacy is that Version F6 accommodates the expansion of financial fields needed for expensive drug therapies now available on the market; includes information needed for prior authorizations; enhances the drug utilization (DUR) fields in the claim response transaction; adds a new coordination of benefits (COB) field; improves prescriber validation; better controlled substance reporting, monitoring, and documentation of compliance; and enhances pharmacy workflows by replacing many clinical and non-clinical free-text fields in Pharmacy Claim and Payer Claim response fields with discrete codified fields.

NCPA supports the NCPDP recommendation that HHS name Telecommunication Standard Version F7 for healthcare claims or equivalent encounter information, eligibility for a health plan, referral certification and authorization and COB. Telecommunication Version F7 is necessary to align with regulatory and healthcare needs by creating the distinction between administrative gender and clinical sex at birth.

At a minimum, NCPA requests HHS name NCPDP Telecommunication Standard Version F6. However, NCPA strongly recommends HHS recognize the critical need for the additional field of the Sex Assigned at Birth (F32-W8) field for interoperability and equity goals, as well as statutory and regulatory compliance. NCPA also requests HHS leverage compliance date and implementation timeline recommended by NCPDP restated in the *Proposed Compliance and Effective Dates* section of the comments below.

Proposed Compliance and Effective Dates: Proposed Compliance Date for Version F6 and Version 15 (page 67641)

NCPA believes that the compliance date should be 44 months from the final rule effective date. This recommendation is based on NCPDP and stakeholder testimony addressing the major changes between version D.0 and F2, then F6. This offers stakeholders time to coordinate business decisions and budgets, IT development and internal testing, external testing and certification, and then begin production deployment.

Due to the number of providers and processor/payers in the pharmacy industry, trading partner software certification and production deployment can take eight months to complete. This allows trading partners to identify gaps within specific use cases, requiring recoding and testing efforts prior to the compliance date. During this period, trading partners may need to revert to Telecommunication Standard Version D.0 to ensure patient access to care.

In addition to the significant level of effort associated to new versions of these HIPAA named standards, the pharmacy industry will be challenged with coordinating budgets, resources and timing for the NCPDP SCRIPT and Real Time Pharmacy Benefit Standards as proposed under CMS-4201-P Medicare Program; Contract Year 2024 Policy and Technical Changes to the Medicare, RIN 0938-AU96.

NCPA requests the compliance date be set 44 months after the final rule effective date for all covered entities to be supporting NCPDP Telecommunication Standard Version F7 and Batch Standard Version 15.

Conclusion

NCPA thanks CMS for the opportunity to provide feedback, and we stand ready to work with CMS to offer possible solutions and ideas.

Should you have any questions or concerns, please feel free to contact me at steve.postal@ncpa.org or (703) 600-1178.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Postal". The signature is stylized and written in a cursive-like font.

Steve Postal, JD
Director, Policy & Regulatory Affairs
National Community Pharmacists Association