UnityPoint Health

1776 West Lakes Parkway, Suite 400
West Des Moines, IA 50266
unitypoint.org

August 16, 2019

Administrator Seema Verma
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS–4189-P
P.O. Box 8013
Baltimore, MD 21244–1813

RE: CMS–4189-P - Medicare Program; Secure Electronic Prior Authorization for Medicare Part D; published at Vol. 84, No. 118 Federal Register 28450-28458 on June 19, 2019.

Submitted electronically via http://www.regulations.gov

Dear Administrator Verma,

UnityPoint Health ("UPH") appreciates this opportunity to provide comment on this proposed rule related to hospice rates and quality reporting. UPH is one of the nation's most integrated healthcare systems. Through more than 32,000 employees and our relationships with more than 310 physician clinics, 39 hospitals in metropolitan and rural communities and 19 home health agencies throughout our 9 regions, UPH provides care throughout Iowa, central Illinois and southern Wisconsin. On an annual basis, UPH hospitals, clinics and home health provide a full range of coordinated care to patients and families through more than 6.2 million patient visits.

UPH appreciates the time and effort of CMS in developing this proposed rule and respectfully offers the following comments.

PROPOSED ADOPTION OF THE NCPDP SCRIPT STANDARD VERSION 2017071 AS THE PART D ePA TRANSACTION FOR THE PART D PROGRAM

This rule proposes to implement section 6062 of the SUPPORT for Patients and Communities Act, which requires the adoption of technical standards for the Part D e-prescribing program that will help ensure secure ePA requests and response transactions by January 1, 2021. Specifically, Part D plans sponsors must have the technical capability to support the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard version 2017071 when performing electronic Prior Authorization (ePA) for Part D covered drugs prescribed to Part D eligible individuals and prescribers must also use this standard. The proposed ePA standard would apply to the following ePA transactions: (1) PAInitiationRequest and

PAInitiationResponse; (2) PARequest and PAResponse; (3) PAAppealRequest and PAAppealResponse; and (4) PACancelRequest and PACancelResponse.

Comment:

UPH has been an early adopter of health information technology. As such, we see tremendous value in electronic health records and their interoperability. To facilitate timely services and beneficiary transparency, we also value electronic platforms that enable benefit checking in real-time. It should be no surprise that ***UPH supports ePA as a means to improve timely access to needed prescribed medications.*** We agree that relying on PA faxes or web-based solutions are not best practices. That said, we have concerns with the aggressive implementation timeframe proposed for this rule. ***We are concerned that this slightly over one-year timeframe does not permit sufficient time for vendors to develop, test and deliver the product and for providers /prescribers install, train and go live.*** This concern is multiplied by provider demand nationwide to a limited vendor pool. We would also remind CMS of the numerous health information technology mandates that are currently outstanding from ONC, CMS and HHS. Vendors for ePA are often vendors for other mandates as well. Our vendor has reviewed this proposed rule and have indicated that, at this time, they cannot estimate time and effort required for this build nor its impact on other higher-priority projects that are currently in the development queue. In addition, we fear that an overly aggressive and tight timeframe will only increase the price tag for providing these technology solutions. ***To reduce this burden, we would urge CMS to delay implementation until January 1, 2022.***

REGULATORY IMPACT STATEMENT

Excluding one-time costs, CMS opines that this rule will result in annual savings for Part D plans. Specifically, CMS projects an annual increase of $8,875,346 ($7,285,590 current process – $5,010,244 proposed standard savings + $6,600,000 one-time cost) for the first 3 years. The cost of reviewing this rule is estimated at $1,342 (12.5 hours × $107.38) per entity.

Comment:

In general, the new standard requires changes to the EHRs and technology platforms, and there are costs for prescribers (health systems, hospitals and practitioners) associated with this proposal. As ONC, HHS and CMS continue to mandate changes, providers / prescribers bear the brunt of these costs at a time when reimbursement rates have been on a downward trend and operating margins are thin. ***We would recommend that CMS consider in its regulatory impact statement the effect on providers and access to health care professionals.*** While we support ePA as a method to improve timely access to needed medications, we are concerned that increased technology and infrastructure costs are negatively impacting small and/or rural clinical practices and hospitals. We encourage CMS to examine provider access / supply trends and causes as additional costly mandates are established and that these mandates be examined in a comprehensive fashion, instead of piecemeal with each siloed new regulation.

We are pleased to provide input on this proposed rule and its impact on our integrated health system and the individuals and communities we serve. To discuss our comments or for additional information on any

of the addressed topics, please contact Sabra Rosener, Vice President, Government & External Affairs at sabra.rosener@unitypoint.org or 515-205-1206.

Sincerely,

Gary Robb, MBA
VP, Chief Pharmacy Officer

Sabra Rosener, JD
VP, Government & External Affairs