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David Koppel, Technical Advisor
Health Informatics and Interoperability Group
Centers for Medicare & Medicaid Services (CMS)
Department of Health and Human Services (HHS)
Attention: CMS-0058-NC
P.O. Box 8013
Baltimore, MD 21244-8013

Re: CMS-0052-NC - Request for Information (RFI); National Directory of Healthcare Providers & Services (Docket Number: CMS-2022-0163, Docket RIN 0938-ZB72)

Dear Director Mugge and Mr. Koppel:

The American Pharmacists Association (APhA) is pleased to submit our comments to CMS' RFI on establishing a National Directory of Healthcare Providers & Services (NDH) that could serve as a "centralized data hub" for healthcare provider, facility, and entity directory information nationwide.

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

APhA generally supports the establishment of an NDH and the use of Health Level 7 (HL7) Fast Healthcare Interoperability Resources (FHIR) Application Programming Interfaces (APIs) to enable data exchange. Specifically, under "C. Comment Solicitation" (FR 61026) in the RFI, CMS is soliciting comments on whether "an NDH [should] include...suppliers, *pharmacies* [emphasis added], public health entities, community organizations, nursing facilities, suppliers of durable medical equipment or health information networks?" **APhA strongly recommends that both "pharmacist(s)," and "pharmacies," be included in an NDH to meet CMS' proposed intent to "create a 'centralized data hub' for directory and digital contact information containing the**

most accurate, up-to-date, and validated data” (FR 61019) that has a potential benefit of being “available not only to CMS, but also publicly available for other payers and developers to utilize in their own directories” (FR 61023). We also support the comments submitted by the Pharmacy Health Information Technology (HIT) Collaborative.

It is critical for CMS to include pharmacists and pharmacies in an NDH. Many pharmacists (those who transmit information electronically/fill on their own behalf, not on a pharmacy’s behalf) and the majority of pharmacies (including online pharmacies) are considered a covered health care provider under the Health Insurance Portability and Accountability Act (HIPAA) and are required to have a National Provider Identifier (NPI) and are listed in the National Plan and Provider Enumeration System (NPPE). In addition, a “pharmacist” and “pharmacy” are both included as a “health care provider,” under the information blocking section of the [Office of the National Coordinator for Health Information Technology \(ONC\) Cures Act final rule](#).

Pharmacist Inclusion in an NDH

As you know, pharmacists are not authorized as qualified healthcare professionals (QHPs), and their patient care services are not currently recognized for payment in Medicare Part B. Importantly, though, in many states a broad array of pharmacists’ services are recognized and covered by other payers, including Medicaid and commercial health plans. In these states, pharmacists are credentialed and contracted as part of payer networks and listed as providers in health plan provider directories. Their patient care varies in complexity with some pharmacists able to directly report their services using a range of evaluation and management (E/M) codes, including, but not limited to office or other outpatient services codes 99202-99205 and 99211-99215. Within state Medicaid programs, pharmacists are being added, and subsequently approved by CMS, through state plan amendments (SPAs) under the “other licensed practitioner” provider category so they can be reimbursed for clinical services. **Inclusion of pharmacists by CMS in an NDH is essential to helping meet CMS’ efforts to create a centralized data hub that a variety of payers could use in accessing data for their networks of providers.** Furthermore, as Medicaid is a joint federal-state administered program, it is imperative that CMS include pharmacists as providers in the NDH to assist states in meeting their provider directory requirements.

Pharmacies Inclusion in an NDH

Pharmacies are enrolled in Medicare Part B for certain services such as vaccines, COVID-19 testing, and Diabetes Self-Management Services using CMS-authorized codes for billing, and also as durable medical equipment (DME) “suppliers.” Pharmacies are also contracted with prescription drug plans (PDP)s to deliver prescription drug services to millions of Medicare Part D beneficiaries. In addition, some state Medicaid and commercial health plans recognize

pharmacies as the service provider for certain pharmacist-delivered patient care services. Pharmacies, as organizations that meet health care needs, should also be included in CMS' NDH.

The Need for Greater CMS Visibility into Pharmacists' Services

Congress recently [instructed](#) CMS “to create a mechanism to provide greater visibility into the scope and outcomes of the Medicare services currently provided by pharmacists,” and to “identify mechanisms to attribute, report, and sustain pharmacists’ patient care contributions to beneficiaries in the Medicare Part B program.” On a daily basis, pharmacists provide complex health care services to Medicare beneficiaries—recently amplified by the [millions of lives and billions of dollars saved](#) from the pharmacist-administered immunizations and health care services provided during the public health emergency (PHE). The federal government will continue to rely upon our nation’s pharmacists and pharmacies as a permanent part of our nation’s health care infrastructure and for future public health responses. Inclusion of pharmacists and pharmacies in an NDH has the potential for collection of data that would be one mechanism to lend greater insight into pharmacists’ contributions to the Medicare program and throughout the healthcare system.

Again, thank you for the opportunity to provide comments on the RFI. As pharmacists are being recognized in more and more state Medicaid programs and commercial health plans as health care providers with expanded scope and authority, and as vital health care providers to Medicare Part B beneficiaries, the maintenance of accurate, comprehensive directories of health care providers, including pharmacists with accurate information is essential. As this initiative moves forward, we also wanted to make CMS aware that APhA, through a subsidiary entity Pharmacy Profiles LLC, has a nationwide platform designed to securely centralize a database of U.S. pharmacist providers and their verified credentials. Pharmacy Profiles works in collaboration with industry partners to effectively coordinate and share information leveraging and linking to existing databases. APhA is willing to meet with CMS to discuss Pharmacy Profiles and its potential benefits to an NDH.

If you have any questions, require additional information, or would like to arrange a meeting with APhA to discuss the benefits of including pharmacists and pharmacies in an NDH, please contact Michael Baxter, Acting Head of Government Affairs at mbaxter@aphanet.org.