



August 13, 2010

Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-0023-IFC  
P.O. Box 8013  
Baltimore, MD 21244-1850

Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
42 CFR Part 423  
[CMS-0023-IFC]  
RIN 0938-AP49  
Medicare Program; Identification of Backward Compatible Version of Adopted Standard for E-  
Prescribing and the Medicare Prescription Drug Program (NCPDP SCRIPT 10.6)

Re: CMS-0023-IFC

Dear HHS;

Thank you for the publication of CMS-0023-IFC. NCPDP submits the following responses.

**IFR:** *We seek comment on recognizing NCPDP SCRIPT 10.6 as a backward compatible version of the adopted NCPDP SCRIPT 8.1 standard. We also seek comment on the voluntary use of the backward compatible NCPDP SCRIPT 10.6. Furthermore, we seek comment on whether and when to retire NCPDP SCRIPT 8.1.*

**NCPDP response:** The industry supports the recognition of NCPDP SCRIPT 10.6 and the voluntary use. As noted in testimony to NCVHS in 2007 and 2008, the industry recommended the support of this new version.

The industry recommends the sunseting of SCRIPT 8.1. Since the recommendation was made in 2008, the industry has had to halt preparation of SCRIPT 10.6. While the industry appreciates the rule, other healthcare IT projects are now competing with resources. The industry can begin using SCRIPT 10.6 as of 07/01/2010. Based on the competing projects, and to be in sync with meaningful use, the industry recommends sunseting SCRIPT 8.1 by **12/31/2012**.

It is important to recognize that the standards will continue to be enhanced, and that future requests will be coming forward for new versions. The next version of SCRIPT requested will be XML syntax only.

In addition, alignment and synchronization must take place with other initiatives – meaningful use allows both SCRIPT 8.1 and 10.6. The original MMA names NCPDP Telecommunication Standard version 5.1 and X12 270/271 version 4010. These regulations need to be in sync with HIPAA regulations as well.

**IFR:** *We anticipate proposing the adoption of NCPDP SCRIPT 10.6 as an adopted standard at a later date in a future notice of proposed rulemaking. At that time we would propose to adopt NCPDP SCRIPT 10.6 and retire the current adopted standard.*

**NCPDP response:** Thank you for recognizing a transition period for electronic prescribing where trading partners can move forward to support NCPDP SCRIPT 10.6 while still supporting NCPDP SCRIPT 8.1.

***IFR:** The LTC setting issues are addressed in NCPDP SCRIPT 10.2 and subsequent versions. It would not be appropriate to lift the LTC exemption prior to retiring any NCPDP SCRIPT versions prior to NCPDP SCRIPT 10.2. As the retirement of NCPDP SCRIPT 8.1 and the elimination of the LTC exemption will be substantive changes to the Part D eprescribing regulations, we will need to use notice and comment rulemaking to effectuate these changes. We anticipate proposing these changes at a later date in a notice of proposed rulemaking.*

**NCPDP response:** We look forward to the lifting of the LTC exemption with rulemaking steps so that entities involved in electronic prescribing can with confidence support the same versions of the same standards.

The LTC eprescribing environments are voluntarily using the NCPDP SCRIPT Standard. It should be noted that from an industry implementation perspective, the lifting of the LTC exemption and the sunset of SCRIPT version 8.1 are not related. We encourage these items be disconnected. The LTC eprescribing environments can voluntarily use SCRIPT, but the more time that elapses before naming standards, the more time that proprietary standards could be used. The LTC industry is also concerned with alignment of other regulations.

NCPDP held a SCRIPT 10.6 webinar on April 23, 2010. The archive of the webinar is available at [http://www.ncdp.org/meeting\\_webinar\\_archive.aspx](http://www.ncdp.org/meeting_webinar_archive.aspx). NCPDP will continue to plan webinars on electronic prescribing subjects that would be of benefit to the industry.

If I can be of further assistance, please contact me.

Sincerely,



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cc: NCPDP Board of Trustees