



February 13, 2023

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare & Medicaid Services,  
Department of Health and Human Services,  
Attention: CMS-4201-P  
7500 Security Boulevard, Baltimore, MD 21244-1850

***RE: Medicare Program; Contract Year 2024 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, Medicare Parts A, B, C, and D Overpayment Provisions of the Affordable Care Act and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications***

Dear Administrator Brooks-LaSure:

On behalf of the CARIN Alliance, we want to thank you for providing the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) proposed rule on the contract year 2024 for MA, MAPD, and other implementation activities. Specific to the CARIN Alliance, we are excited about the efforts you have made to advance interoperability, reduce administrative burden, and accelerate consumers' access to health information.

As you are aware, the CARIN Alliance is a multi-sector group of stakeholders representing numerous hospitals, thousands of physicians, and millions of consumers and caregivers. We are committed to providing consumers and their authorized caregivers access to health information.

We support your efforts to advance consumer and prescriber access to therapy cost information in this proposed rule. The addition of real-time benefit tools (RTBTs) has the potential to help consumers better engage with pricing information and become better consumers of health care. This will, in turn, save the consumer and the government significant money. However, we are disappointed that CMS stated in this proposed rule that the only current standard for real-time benefit tools is the prescriber-centric NCPDP version 12 standard. CMS specifically states, "CMS is aware that the use of the NCPDP RTPB standard for the prescriber RTBT may facilitate beneficiary RTBTs since the data elements from the NCPDP RTPB standard would also be able to feed into a beneficiary RTBT. CMS is not prohibiting such a practice, but we emphasize that we are not proposing that the proposed standard be required for beneficiary RTBTs."

CARIN has, in fact, worked with HL7 and NCPDP to advance a consumer-facing real-time pharmacy benefit check standard (<http://hl7.org/fhir/us/carin-rtpbc/>). This standard implementation guide, maps from NCPDP to FHIR in exactly the way CMS notes could be done. In fact, the CARIN IG expressly exposes beneficiary-relevant information, has been balloted and published through the HL7 process, and should be leveraged for consumer-facing RTBTs. NCPDP has expressed support for this standard as the beneficiary-facing method for exposing information on formulary pricing, cash-price, and therapeutic alternatives.

**We strongly encourage CMS to review this standard and revise the final rule to include the CARIN Real-time Pharmacy Benefit Check IG as a recommended approach for plan sponsors compliance with consumer-facing RTBT requirements.**

Again, we appreciate your consideration of our comments. Please do not hesitate in contacting me if you have any further questions.

Ryan Howells  
Leavitt Partners  
On behalf of the CARIN Alliance