



HITSP

Healthcare Information Technology Standards Panel

HITSP Medication Gaps Public Review

CAP117 – Communicate Ambulatory and LTC Prescription

CAP118 – Communicate Hospital Prescription

CAP119 – Communicate Structured Document

CAP140 – Communicate Benefits and Eligibility

CAP141 – Communicate Referral Authorization

Consumer Perspective TC | September 30, 2009

HITSP Medication Gaps Requirements and Design Public Comment

- Introduction & Review of Capabilities
- Schedule
- Technical Approach
- Public Comment

HITSP Medication Gaps Requirements and Design Public Comment

- Introduction & Review of Capabilities
- Schedule
- Technical Approach
- Public Comment

Introduction

- The purpose of this Webinar is to share these new documents and publicly review them prior to a one week comment period. This is just the requirements section of the documents, the full documents will be released for the traditional 4 week public comment period in early November
- The Medication Gaps extension/gap describes information needs to facilitate electronic exchange of medication and allergy information, including those related to e-Prescribing and those required to support specialized needs of long term care
- Capabilities Documents that have been developed or extended to satisfy this work item are:
 - CAP117 – Communicate Ambulatory and LTC Prescription
 - CAP118 – Communicate Hospital Prescription
 - CAP119 – Communicate Structured Document
 - CAP140 – Communicate Benefits and Eligibility
 - CAP141 – Communicate Referral Authorization

Introduction – Co-Chairs and Staff

Staff/Co-Chair	Contact Information
Scott Robertson, co-Chair, Consumer Perspective TC	scott.m.robertson@kp.org 626-381-6624
Michael Nusbaum, Facilitator, Consumer Perspective TC	michael@mhnusbaum.com 250-384-0001
Consumer Perspective TC Subject Matter Experts	Contact Information
Lynne Gilbertson, NCPDP	lgilbertson@ncpdp.org 615-754-0445

Healthcare Information Technology Standards Program (HITSP)



Providing specifications that integrate diverse standards to meet clinical and business needs for sharing information:

- 1. Develop specifications that address broad stakeholder perspectives**
- 2. Support testing and validation of specifications**
- 3. Catalyze efforts of standards organizations to realize changes to address gaps and overlaps**

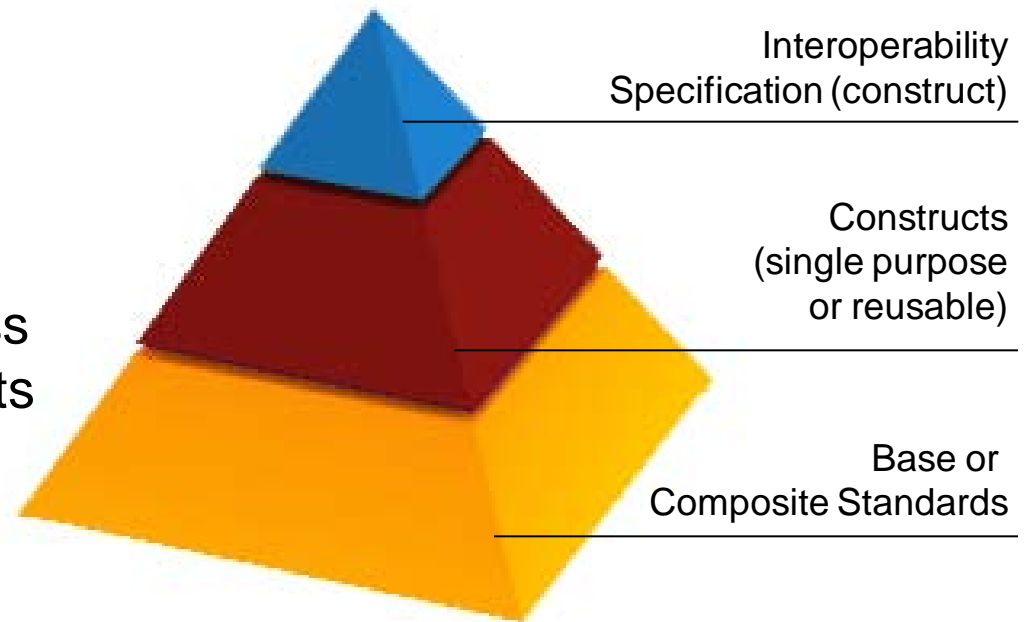
Enabling Interoperability between healthcare stakeholders

Specifying Standards needed to enhance care quality and contain costs

HITSP Interoperability Specifications

A complete IS set provides a framework that defines

- A hierarchy of constructs
- The role of each construct
- The relationship of one construct to another in the context of specific business and/or clinical requirements



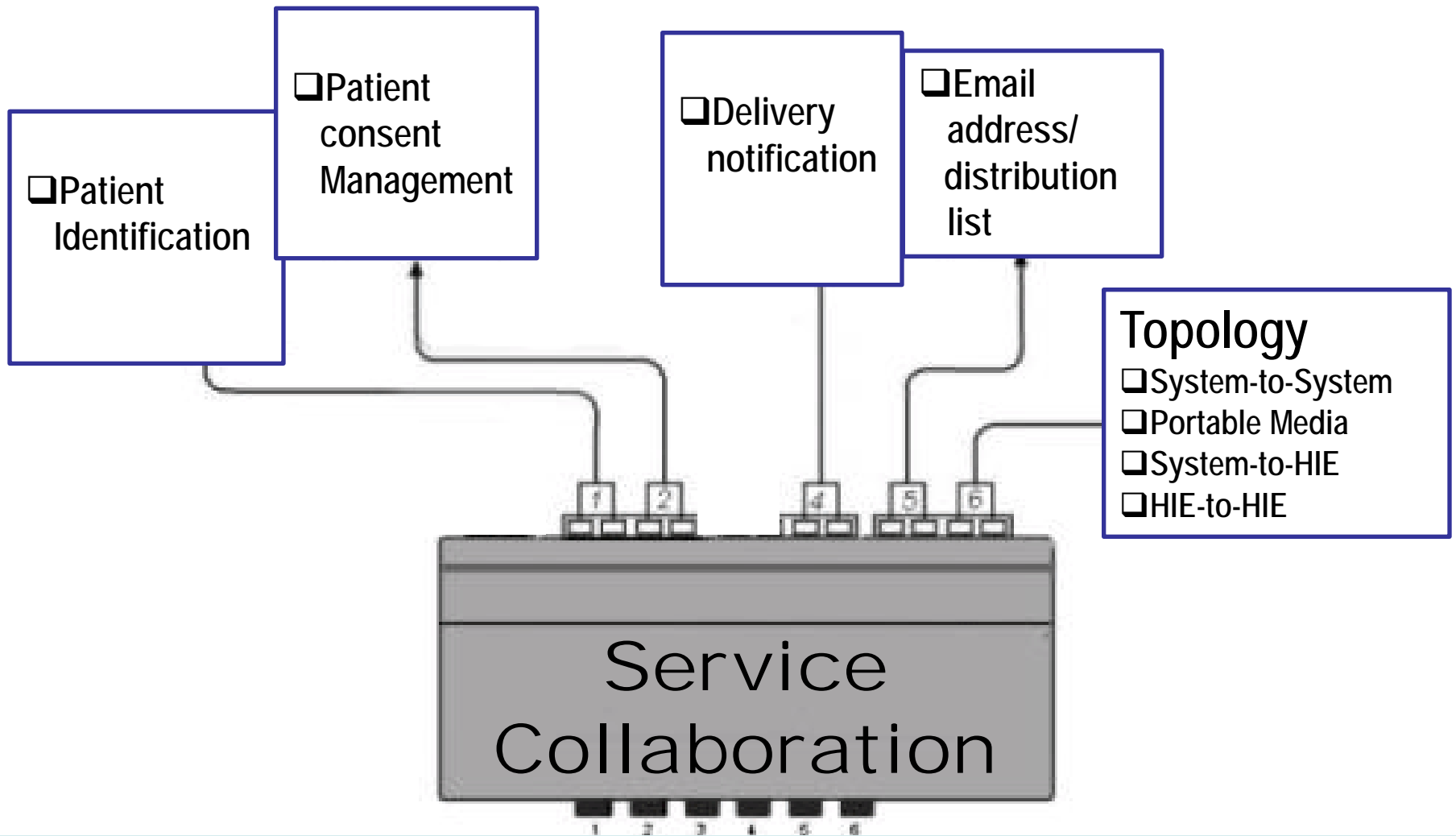
Interoperability Specification (Complete Set)

Capabilities and Service Collaborations

Keys to Simpler Definition and
Implementation of HITSP Specifications

Service Collaboration (SC)

- Defines a standards-based secure infrastructure needed for interoperable information exchanges
- Includes a secure transport mechanism with topology and other options
- Uses HITSP Constructs to specify the secure infrastructure
- Does not specify the content of the information exchange but may include information to support the exchange (e.g., authorization information)



Standards-based Secure Infrastructure Needed for Interoperable Information Exchanges

Service Collaborations

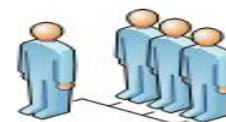
- SC108 - Access Control
- SC109 - Security Audit
- SC110 - Patient Identification Management
- SC111 - Knowledge and Vocabulary
- SC112 - Healthcare Document Management
- SC113 - Query for Existing Data
- SC114 - Administrative Transport to Health Plan
- SC115 - HL7 Messaging
- SC116 - Emergency Message Distribution Element

HITSP Capability

- Enables systems to address a business need for interoperable information exchange
- Bridges between business, policy and implementation views:
 - Defines a set of information exchanges at a level relevant to policy and business decisions
 - Supports stakeholder requirements and business processes
 - Defines information content and secure infrastructure
 - Specifies use of HITSP constructs sufficiently for implementation
 - Includes constraints and identifies specific network topologies

What is an example of a capability?

- ❑ Requirement: An organization wants to exchange a prescription with an ambulatory organization
- ❑ The diagram on the right shows how Capability 117 was assembled to support this requirement

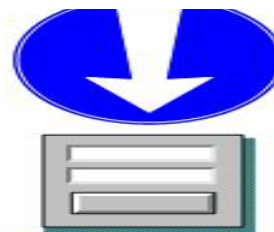
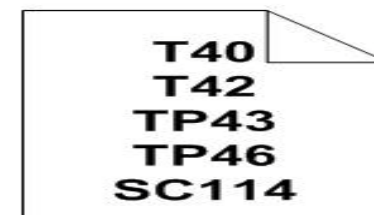


I want to exchange a prescription with an Ambulatory of Long-Term Care (LTC) Organization



System Roles

- Medication Order Prescriber
- Medication Order Filler
- Health Plan
- Health Information Exchange (HIE)



CAP117 – Communicate Ambulatory and Long Term Care Prescription

Existing HITSP Capabilities – Clinical Operations

Clinical Operations

Communicate Ambulatory and Long Term Care Prescription - CAP117

Communicate Hospital Prescription - CAP118

Communicate Clinical Referral Request - CAP121

Retrieve Genomic Decision Support - CAP125

Communicate Lab Results Message - CAP126

Communicate Lab Results Document - CAP127

Communicate Imaging Information - CAP128

Retrieve and Populate Form - CAP135

Communicate Encounter Information Message - CAP137

Existing HITSP Capabilities – Public Health and Emergency Response; Administration and Finance

Public Health and Emergency Response

Communicate Quality Measure Data - CAP129

Communicate Quality Measure Specification - CAP130

Update Immunization Registry - CAP131

Retrieve Immunization Registry Information - CAP132

Communicate Immunization Summary - CAP133

Communicate Emergency Alert - CAP136

Communicate Resource Utilization - CAP139

Administration and Finance

Communicate Benefits and Eligibility - CAP140

Communicate Referral Authorization - CAP141

Existing HITSP Capabilities - Security, Privacy, and Infrastructure

Security, Privacy, and Infrastructure

Communicate Structured Document - CAP119

Communicate Unstructured Document - CAP120

Retrieve Medical Knowledge - CAP122

Retrieve Existing Data - CAP123

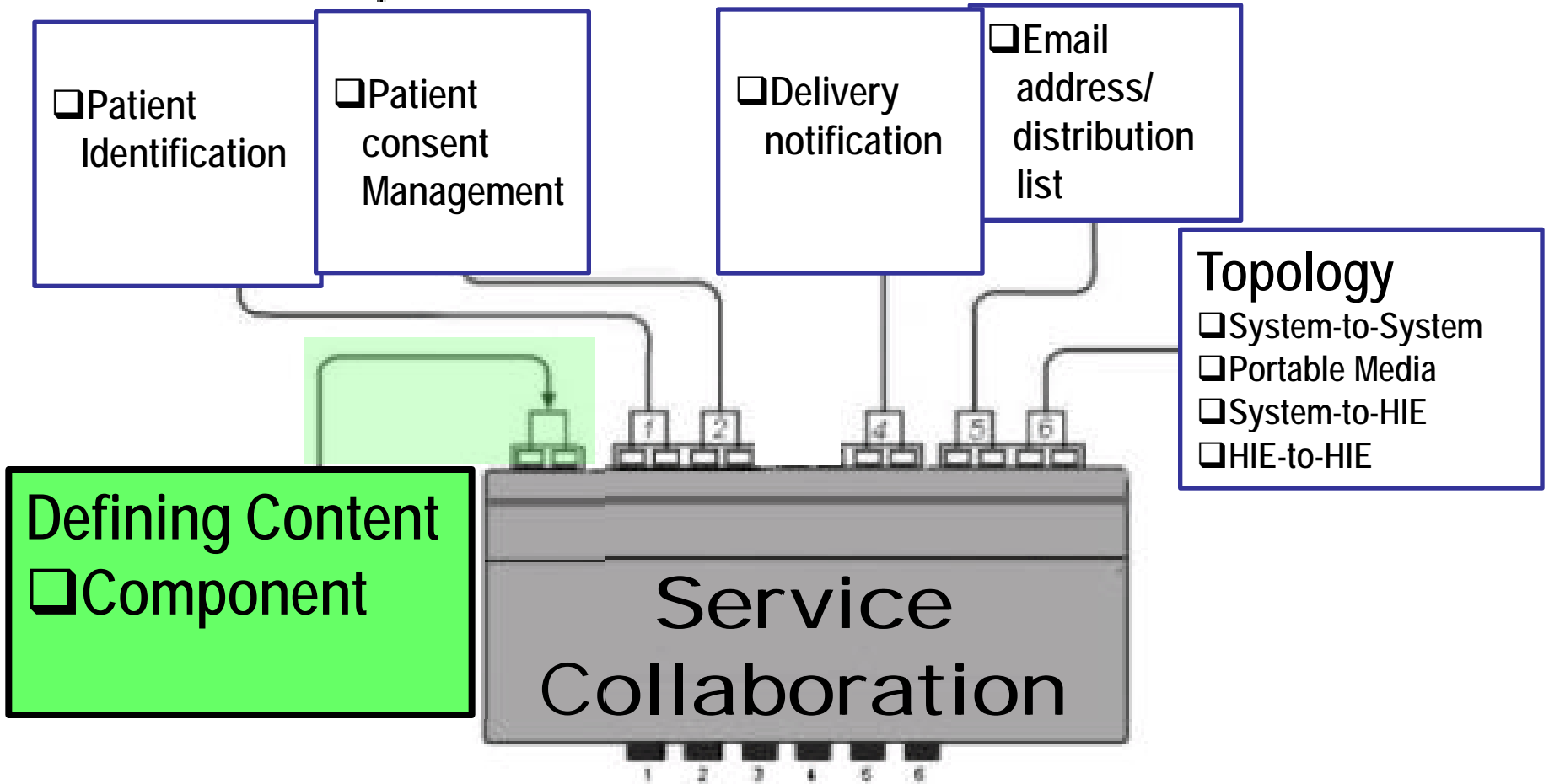
Establish Secure Web Access - CAP124

Retrieve Pseudonym - CAP138

Retrieve Communications Recipient - CAP142

Manage Consumer Preference and Consents - CAP143

Capability



Marrying Content Definition with Secure Infrastructure for a set of Interoperable information exchanges

HITSP Medication Gaps Requirements and Design Public Comment

- Introduction & Review of Capabilities
- Schedule
- Technical Approach
- Public Comment

Schedule

- Requirements for the Medication Gaps extension/gap introduced to the Public via Webinar September 30th
- Comment feedback on the Requirements for this work item closes October 8th
 - The process for submitting comments is included on slide 44 of this presentation
- The full documents will be released for a 4 week Public Comment period in early November

HITSP Medication Gaps Requirements and Design Public Comment

- Introduction & Review of Capabilities

- Schedule

- Technical Approach

 - CAP117 – Scott Robertson

 - CAP118 – Scott Robertson

 - CAP119 – Scott Robertson

 - CAP140 – Lynne Gilbertson

 - CAP141 – Lynne Gilbertson

- Public Comment

Technical Approach of Capability 117 – *Communicate Ambulatory and LTC Prescription*

- CAP117 addresses the interoperability requirements that support electronic prescribing in the ambulatory and long term care environment. This capability supports:
 - Transmittal of new or modified prescriptions
 - Transmittal of prescription refills and renewals
 - Communication of dispensing status
 - Request for Benefit Eligibility Determination
- This capability was developed to re-use interoperability components originally developed for IS07 (Medication Management), and apply these to the EHR-Centric IS (IS107) developed over the summer of 2009
- CAP117 has been extended to accommodate requirements identified in the Medication Gaps extension/gap that pertain to e-prescribing in ambulatory and long term care
- Requirements from MedGaps have been synthesized and documented in CAP117's Table 6-1

Technical Approach of Capability 117 – Requirements Table 6-1

Functional Requirement	Information Exchange	Data Requirements	Analysis
Retrieve allergy information <ul style="list-style-type: none"> As document As part of document As transaction Retrieve medication history information <ul style="list-style-type: none"> As document As part of document As transaction Retrieve other documents (e.g., H&P)	C Action & Content HITSP/T42-Medication Dispensing Status		May overlap with CAP119 Is the exchange of allergy information/medication history part of the medication process (another or new CAP), or a supplementary process (outside of CAP117)? Consider this: the retrieval of information is a step preceding the medication order. It informs the order but is not necessary in the process. Therefore, we should not add this functionality to CAP117 , but deal with it in IS07. In IS07 we could use CAP119 for allergy and medication information (either as a part of a document or as a distinct document). We should consider creating a new CAPability for message-based rx history (NCPDP RXHIST or HL7 Query). (this also supports reuse in other IS's.)
Co-signature support in medication orders	C		NCPDP SCRIPT 10.1 has PVD 010-4705, valued SU identifies PVD segment as Supervising provider. There are no current constraints in CAP117 or TP43 that prevent the use of this field. No change to CAP117 or TP43. HL7 v2.5.1 does not directly support a secondary provider signature. (Some local implementations are known.) HL7 v2.7 introduces the PRT – Participation Information Segment, which does support multiple provider types (Admitting, Attending, Consulting, Ordering, Verifying). A GAP until we can introduce HL7 v2.7(?)
Pharmacy-initiated transactions <ul style="list-style-type: none"> Dispense status Change request Refill authorization request <other> 	C		Confirmed that TP43 supports pharmacy-initiated transactions. No additions or changes seen as necessary to TP43 or CAP117

Technical Approach of Capability 117 – Requirements Table 6-1

Functional Requirement	Information Exchange	Data Requirements	Analysis
Inclusion of patient demographics (and other non-medication information) in medication orders (and discharge planning)	C	NCPDP PTT, COO, OBS, etc segments HL7 PID, PD1, PV1, PV2, GT1, IN1, IN2, etc segments	Confirmed that TP43 includes all (known to be desired) patient demographic and other non-clinical information in both NCPDP transactions and HL7 messages. No additions or changes seen as necessary to TP43 or CAP117
Structure SIG support in medication orders	C	Data elements from NCPDP Structured SIG 1.0	NCPDP Structured SIG 1.0 was introduced in SCRIPT 10.4. CAP117 uses SCRIPT 10.1. A GAP until we can introduce SCRIPT 10.4 or later (?) HL7 v2.5.1 may be able to support NCPDP Structured SIG, but requires a map to determine how to support all identified elements. This mapping effort will take some time, could it be incorporated into the rewrite of IS07? A GAP until then?
Support for refill requests from patients.	C?		CAP117 currently supports refill request from prescriber to pharmacy. Supporting patient electronic request for a prescription refill appears out of scope for the "Medication Order" concept. A GAP to be addressed in another CAP
Support for LTC pharmacy orders generated from an off-site prescriber	C	NCPDP SCRIPT 10.0 (LTC additions)	UPDATE CAP117 to describe and support a medication order sent from the prescriber to the LTC facility and the LTC forwarding to pharmacy with additional LTC- and patient-specific information added

Technical Approach of Capability 117 – Requirements Table 6-1

Functional Requirement	Information Exchange	Data Requirements	Analysis
Notification of medication order not to be filled (record only, do not fill)	C		NCPDP SCRIPT 10.1 supports do not fill/profile only. No changed needed to TP43 in this regard. Update TP43 to permit the HL7 v2.5.1 fill-only Order Control Codes (OP, PY)
Disposal of discontinued medications.	C?	LTC-specific data requirements (in NCPDP SCRIPT?)	Disposal management appears to be out of scope for Medication Order. Most likely a new CAP. Consider: may need to include a reference back to the order to identify what happen to the rest of the order (rts, destroyed, sent to repository)
Support for the facility to incorporate fill status and administration directions into the facility EHR and medication administration record.	C	LTC-specific data requirements (in NCPDP SCRIPT)	Update TP43 to support NCPDP SCRIPT RXFILL transaction. Include LTC facilities as a potential recipient of RXFILL transactions from the pharmacy
Support for consultant pharmacist review/verification of medication lists. If the reviewer is outside of the CPOT/eRx system, the appropriate information must be communicated to the consultant pharmacist	C?		Review of medication lists appears to be independent of the medication order process. Consider a new CAP. Applies to (a) orders written within the facility / facility's system as well as (b) orders written by off-site prescriber and transmitted to facility. Prior to incorporation into the administration record / EHR system, an agent of the prescriber reviews the medication order, verifies content, and adds to the administration record

Technical Approach of Capability 117 – *Extension to meet MedGaps Requirements*

- 1.1 CAPABILITY OVERVIEW

- Added support for: “Request for Benefit Eligibility Determination”

Technical Approach of Capability 118 – *Communicate Hospital Prescription*

- CAP 118 addresses the interoperability requirements that support electronic prescribing for inpatient orders that can occur within an organization or between organizations. The capability supports the transmittal of a new or modified prescription from a Hospital to an internal or external pharmacy. It also includes the optionality to access formulary and benefit information
- This capability was developed to re-use interoperability components originally developed for IS07 (Medication Management), and apply these to the EHR-Centric IS (IS107) developed over the summer of 2009
- CAP118 has been extended to accommodate requirements identified in the Medication Gaps extension/gap that pertain to e-prescribing in the hospital setting
- Requirements from MedGaps have been synthesized and documented in CAP118's Table 6-1

Technical Approach of Capability 118 – Requirements Table 6-1

Functional Requirement	Information Exchange	Data Requirements	Analysis
Medication orders on discharge or transfer	C Action & Content HITSP/TP43 Medication Orders	Full complement of electronic prescribing data elements	This is to insure that there are no barriers to medication orders being sent outside of ordering facility, e.g., on discharge or transfer. TP43 clearly supports HL7 for inpatient medication orders and NCPDP for ambulatory prescriptions, but is not clear on when one or the other MUST BE USED. This is specified in CAP118-[101], HL7 inpatient, NCPDP outpatient. No changes needed to CAP118
Retrieve allergy information - As document - As part of document - As transaction Retrieve medication history information - As document - As part of document - As transaction			May overlap with CAP119 Question for public review: Is the exchange of allergy information/medication history part of the medication process (another or new CAP), or a supplementary process (outside of CAP118)? Consider this: the retrieval of information is a step preceding the medication order. It informs the order but is not necessary in the process. Therefore, we should not add this functionality to CAP118 , but deal with it in IS07. In IS07 we could use CAP119 for allergy and medication information (either as a part of a document or as a distinct document). We should consider creating a new Capability for message-based rx history (NCPDP RXHIST or HL7 Query). (this also supports reuse in other IS's)

Technical Approach of Capability 118 – Requirements Table 6-1

Functional Requirement	Information Exchange	Data Requirements	Analysis
Co-signature support in medication orders	C		NCPDP SCRIPT 10.1 has PVD 010-4705, valued SU identifies PVD segment as Supervising provider. There are no current constraints in CAP118 or TP43 that prevent the use of this field. No change to CAP118 or TP43. HL7 v2.5.1 does not directly support a secondary provider signature. (Some local implementations are known.) HL7 v2.7 introduces the PRT – Participation Information Segment, which does support multiple provider types (Admitting, Attending, Consulting, Ordering, Verifying). A GAP until we can introduce HL7 v2.7(?)
Pharmacy-initiated transactions <ul style="list-style-type: none"> •Dispense status •Change request •Refill authorization request •<other> 	C		Confirmed that TP43 supports pharmacy-initiated transactions. No additions or changes seen as necessary to TP43 or CAP118
Inclusion of patient demographics (and other non-medication information) in medication orders (and discharge planning)	C	NCPDP PTT, COO, OBS, etc segments HL7 PID, PD1, PV1, PV2, GT1, IN1, IN2, etc segments	Confirmed that TP43 includes all (known to be desired) patient demographic and other non-clinical information in both NCPDP transactions and HL7 messages. No additions or changes seen as necessary to TP43 or CAP118
Structure SIG support in medication orders	C	Data elements from NCPDP Structured SIG 1.0	NCPDP Structured SIG 1.0 was introduced in SCRIPT 10.4. CAP118 uses SCRIPT 10.1. A GAP until we can introduce SCRIPT 10.4 or later (?) HL7 v2.5.1 may be able to support NCPDP Structured SIG, but requires a map to determine how to support all identified elements. This mapping effort will take some time, could it be incorporated into the rewrite of IS07? A GAP until then?

Technical Approach of Capability 118 – *Extension to meet MedGaps Requirements*

- 2.2 ORCHESTRATION OF SYSTEM ROLES:
 - Updated Table 2-2 and Figure 2-2 to support Pharmacy-to-Prescriber HL7 messages (change order, refill authorization request, etc.) in the inpatient setting

Technical Approach of Capability 119 – *Communicate Structured Document*

- CAP119 addresses interoperability requirements that support the communication of structured health data related to a patient in a context determined by the author of the document. This capability supports the exchange of all CDA documents. The following are examples of the type of CDA structured data that are supported:
 - Continuity of Care Document (CCD)
 - Emergency Department Encounter Summary
 - Discharge Summary (In-patient encounter and/or episodes of care)
 - Referral Summary Ambulatory encounter and/or episodes of care
 - Consultation Notes
 - History and Physical
 - Personal Health Device Monitoring Document
 - Healthcare Associated Infection (HAI) Report Document

Technical Approach of Capability 119 – *Communicate Structured Document*

- ❑ Applied to the EHR-Centric IS (IS107) developed over the summer of 2009
- ❑ CAP119 has been extended to accommodate requirements identified in the Medication Gaps extension/gap that pertain to the communication of structured documents
- ❑ Requirements from MedGaps have been synthesized and documented in CAP141's Table 6-1

Technical Approach of Capability 119 – Requirements Table 6-1

Functional Requirement	Information Exchange	Data Requirements	Analysis
Medication History <ul style="list-style-type: none"> •As part of another document •As a distinct document 	F (Create and exchange clinical notes with other providers of care)		CAP119 references C83 and C80. Any document based on C83/C80 with no other content or specific workflow requirements would be managed by CAP119 (see requirements for Clinical Note Detail). No changes required to CAP119
Allergy Information <ul style="list-style-type: none"> •As part of another document •As a distinct document 	F		CAP119 references C83 and C80. Any document based on C83/C80 with no other content or specific workflow requirements would be managed by CAP119 (see requirements for Clinical Note Detail). No changes required to CAP119
Post-Encounter Summary	F		CAP119 references C83 and C80. Any document based on C83/C80 with no other content or specific workflow requirements would be managed by CAP119 (see requirements for Clinical Note Detail). No changes required to CAP119
Care Instructions	F		CAP119 references C83 and C80. Any document based on C83/C80 with no other content or specific workflow requirements would be managed by CAP119 (see requirements for Clinical Note Detail). No changes required to CAP119
Medication Guides	F		CAP119 references C83 and C80. Any document based on C83/C80 with no other content or specific workflow requirements would be managed by CAP119 (see requirements for Clinical Note Detail). No changes required to CAP119

Technical Approach of Capability 119 – Requirements Table 6-1

Functional Requirement	Information Exchange	Data Requirements	Analysis
Document Exchange	F		Pharmacy Benefit Managers (PBM's) and Personal Health Records (PHR's) as qualified Systems participating in document exchange
Support for Long Term Care sending patient demographic, clinical and eligibility information to a pharmacy system	F		Outside of patient demographic, clinical and eligibility information contained in various transactions (e.g., medication order, admission notification), LTC facilities may communicate supplemental information in a variety of documents. CAP119 references C83 and C80. Any document based on C83/C80 with no other content or specific workflow requirements would be managed by CAP119 (see requirements for Clinical Note Detail). No changes required to CAP119
Medication Disposal as a structured document	F		CAP119 references C83 and C80. Any document based on C83/C80 with no other content or specific workflow requirements would be managed by CAP119 (see requirements for Clinical Note Detail). No changes required to CAP119. If a new document type with specific associated workflow is required, then a new Capability should be considered
Medication Reconciliation Report (MAR) as a structured document	F		CAP119 references C83 and C80. Any document based on C83/C80 with no other content or specific workflow requirements would be managed by CAP119 (see requirements for Clinical Note Detail). No changes required to CAP119. If a new document type with specific associated workflow is required, then a new Capability should be considered

Technical Approach of Capability 119 – *Extension to meet MedGaps Requirements*

- None attributable to MedGaps

Technical Approach of Capability 140 – *Communicate Benefits and Eligibility*

- ❑ Capability 140 addresses interoperability requirements that support electronic inquiry and response about a patient’s eligibility for health insurance benefits. The information exchanged includes the following:
 - ❑ A patient’s identification (i.e., name, date of birth, and the health plan’s member identification number)
 - ❑ Communication of a member’s status of coverage and benefit information and financial liability
 - ❑ Access to information about types of services, benefits and coverage for various medical care and medications
 - ❑ It provides clinicians and healthcare providers with information about each member’s health insurance coverage and benefits

Technical Approach of Capability 140 – *Communicate Benefits and Eligibility*

- ❑ This capability was developed to re-use interoperability components originally developed for:
 - ❑ IS04 (Emergency Responder)
 - ❑ IS07 (Medication Management)
 - ❑ IS08 (Personalized Healthcare)
 - ❑ IS09 (Consultations and Transfer of Care)
 - ❑ IS77 (Remote Monitoring)
- ❑ Applied to the EHR-Centric IS (IS107) developed over the summer of 2009
- ❑ CAP140 has been extended to accommodate requirements identified in the Medication Gaps extension/gap that pertain to the communication of benefits and eligibility
- ❑ Requirements from MedGaps have been synthesized and documented in CAP140's Table 6-1

Technical Approach of Capability 140 – Requirements Table 6-1

Functional Requirement	Information Exchange	Data Requirements	Analysis
Plan Formulary for Medication Orders Query for plan formulary information (Request & Response)	B (HITSP/SC114 – Administrative Transport to Health Plan + HITSP/TP46- Medication Formulary and Benefits Information)		CAP140 include Pharmacy Medication Formulary and Benefits Response (HITSP/TP46). No changes seen for CAP140
New information requirements relative to benefits checking. may provide (Request & Response)	A (HITSP/SC114 – Administrative Transport to Health Plan + HITSP/EC40A – Patient Eligibility Request HITSP/EC40B – Patient Eligibility Result) B	routing, standardized organization identifiers, formulary information may include both pharmacy and non-pharmacy benefits	Specific benefit check may include support for DUR check
For LTC, need to know status at facility. Pharmacy tells facility who the payer is. Prescriber needs to get the LTC status from the LTC Facility	GAP	LTC status data elements (PartA stay, Inpatient stay, etc)	

Technical Approach of Capability 140 – *Extension to meet MedGaps Requirements*

- Data content review may result in additions to CAP140

Technical Approach of Capability 141 – *Communicate Referral Authorization*

- Capability 141 addresses interoperability requirements that support electronic inquiry and response to authorizing a patient (health plan member) to be referred for service by another provider or to receive a type of service or medication under the patient's health insurance benefits
- The Capability supports the transmittal of a patient's name and insurance identification number with the request for the type of service. It also includes the following optional requirements:
 - Identification of the type of service or medication requested for benefit coverage (does not guarantee payment by insurance provider)
 - Communication of a referral notification number or authorization number from the Payer System to the Provider System.
- Capability 141 provides clinicians and pharmacists with information about each patient's medical insurance coverage and benefits. It may include information on referral or authorization permission

Technical Approach of Capability 141 – *Communicate Referral Authorization*

- ❑ This capability was developed to re-use interoperability components originally developed for:
 - ❑ IS04 (Emergency Responder)
 - ❑ IS08 (Personalized Healthcare)
 - ❑ IS09 (Consultations and Transfer of Care)
 - ❑ IS77 (Remote Monitoring)
- ❑ Applied to the EHR-Centric IS (IS107) developed over the summer of 2009
- ❑ CAP141 has been extended to accommodate requirements identified in the Medication Gaps extension/gap that pertain to the communication of prior authorization
- ❑ Requirements from MedGaps have been synthesized and documented in CAP141's Table 6-1

Technical Approach of Capability 141 – Requirements Table 6-1

Functional Requirement	Information Exchange	Data Requirements	Analysis
Pharmacy-initiated prior authorization for medication orders (Request & Response)	C (HITSP/SC114 – Administrative Transport to Health Plan + HITSP/EC79A – Request for Health Plan to authorize certain pharmacy products or services)		Existing NCPDP Telecom transactions
Prescriber to Pharmacy communication of Prior Authorization independent of medication order Prior Authorization communication from prescriber to LTC facility	GAP	Need to consider how to completely describe a prior authorization. Possibly as a structured document	No current mechanism available to send Prior Authorization information from prescriber to pharmacy or other provider/LTC facility (independent of a medication order). This could be a new CAP, related constructs, and possibly standards GAPs
Prescriber acquiring Prior Authorization of medication	A, B (HITSP/SC114 – Administrative Transport to Health Plan + HITSP/EC68A – Request for Health Plan to authorize certain healthcare services + HITSP/EC68B – Health Plan Response for healthcare services		CAP141 refers to T68 for prescriber obtaining prior authorization from the PBM/Payer. (no changes needed)
Plan Formulary for Medication Orders – query for plan formulary information	C, D (HITSP/EC79B – Health Plan Response for pharmacy products or services)		T79 deals with Pharmacy Health Plan queries.

Technical Approach of Capability 141 – *Extension to meet MedGaps Requirements*

- None attributable to MedGaps at this time
- Prior Authorization work item will address how a prescriber can communicate a prior authorization to a pharmacy, LTC facility, and/or another provider

HITSP Medication Gaps Requirements and Design Public Comment

- Introduction & Review of Capabilities
- Schedule
- Technical Approach
- Public Comment

Comment Tracking System

□ HITSP.org link: http://www.hitsp.org/public_review.aspx

Using the HITSP Comment Tracking System The HITSP Comment Tracking System allows registered authors to provide comments on documents that are undergoing public review or implementation testing. A unique user ID and password is required for each comment submitter

Please note that the Comment Tracking System closes at 5 PM Pacific Time on the final day of public review, October 8th

Current HITSP members:

Submit comments by following the link above and entering your current user ID and password

Add Comment

Register a **NEW** comment in the tracking system

View (My) Comments

View the status or disposition of a comment previously submitted

Please contact Hannah Zander (HZander@ansi.org) with any questions or problems with entering comments

Questions and Comments for Medication Gaps Requirements

- Comments regarding the Requirements outlined to meet the needs of Medication Gaps are welcome during this portion of the Webinar
- Comments regarding the complete Capabilities documents can be addressed via Comment Tracking System (see previous slide for instructions)