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February 13, 2007

VIA OVERNIGHT MAIL

CMS, Office of Strategic Operations and Regulatory Affairs
Division of Regulatory Development – B
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850
Attn: William N. Parham, III

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FEB 15 2007

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**Re: National Provider Identifier Application and Update Form
CMS-10114 (OMB:#0938-0931)**

Dear Mr. Parham:

I am submitting these comments to the National Provider Identifier (“NPI”) Application and Update Form (the “Form”) on behalf of Medco Health Solutions, Inc. and its subsidiaries (“Medco”). By submitting these comments, it is Medco’s hope to enhance the quality, utility and clarity of the information to be collected on the Form. Therefore, we respectfully submit our comments and respectfully request that the Centers for Medicare & Medicaid Services (“CMS”) consider the suggested addition to the Form set forth below.

I. Medco

Medco, a publicly held corporation, is a leading provider of managed prescription drug care, serving Fortune 500 companies and other employers, insurance and Blue Cross Blue Shield plans, state employee and retirement plans, health plans and other major sponsors of a prescription drug benefit. Working with these benefit plan clients, Medco Health manages the drug benefit for approximately 62 million Americans.

Medco’s twelve (12) state-of-the-art home delivery (mail service) pharmacies, located in eight states, act as a “provider” to many patients, dispensing approximately 82 million prescriptions last year to beneficiaries under the benefit plans we administer.¹ Medco also operates a comprehensive specialty pharmacy that provides clinical support while dispensing drugs used to treat patients with complex, chronic conditions. The

¹ Medco’s home delivery pharmacies are not open to the general public. Patients have access to the pharmacies exclusively through Medco’s relationship with its benefit plan clients, or through Medco’s consumer discount card program.

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Medco pharmacies and specialty pharmacy dispense and deliver drugs on a national basis; each Medco pharmacy has undertaken the necessary licensing, registration or other regulatory steps to enable the dispensing of prescription medications into other states.

II. Specific Comments

In order to ensure unique identification of prescribers and ease the transition from the use of the Drug Enforcement Agency (“DEA”) number to the use of NPI, Medco believes that the DEA number must be a data element collected on the Form. In addition, Medco believes the DEA number is needed as part of the National Plan & Provider Enumeration System (NPPES) data dissemination for pharmacy industry recipients. Please note, the CMS Data Use Agreement signed by the recipients will limit use of this information if it is included, therefore safeguarding the confidentiality of the DEA numbers.

The importance of the DEA number as a prescriber identifier is well established in the pharmacy industry. Although there may be some concern about the use and disclosure of DEA numbers, the prescriber DEA number is the identifier used by the pharmacy industry on the NCPDP 5.1 drug claim. Furthermore, the DEA number is one of the primary identifiers sent to CMS on the Prescription Drug Event (“PDE”) reporting for Medicare Part D drug claims, and the PDE instructions currently require it. In addition, the use of state license numbers as a prescriber identifier is problematic. State license numbers are not unique across states, and the NCPDP 5.1 drug claim does not provide a field that allows pharmacies to obtain the state code where the physician practice is located.

III. Conclusion

Given the importance of the DEA number in current industry practice, the addition of DEA number as a specific ID type on the Form will help the pharmacy industry make the difficult transition from the current standard to the mandatory new standard. For the reasons set forth above, Medco respectfully urges CMS to add DEA number to the data elements collected on the Form.

We would be pleased to provide further information or to answer any questions that you might have.

Respectfully submitted,



Paul E. DelloRusso
Assistant Counsel