

July 2, 2020

Sent electronically to: Amy.Larrick@cms.hhs.gov

Ms. Amy Larrick
Director, Medicare Drug Benefit and C and D Data Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Increasing need for medical at home pharmacy services during COVID-19

Dear Ms. Larrick,

We are writing today to follow up on correspondence we have had with you and your colleagues in relation to medical at home pharmacy services. Many of our organizations sent to CMS a stakeholder letter from the pharmacy and long-term care (LTC) industry on Oct. 21, 2019.¹ In addition, NCPA has discussed this issue with CMS via phone and in person on multiple occasions to emphasize the need for CMS recognition of medical at home pharmacy services, while providing suggestions on guidance to Part D plans and how to update the Medicare Part D Manual to reflect this higher level of care.

Our organizations would like to reiterate and emphasize to CMS that medical at home pharmacy services are needed now more than ever due to the current COVID-19 public health emergency (PHE). This demand for at-home care was on the rise before the deadly coronavirus outbreaks in LTC facilities across the country. Looking beyond the pandemic, demand will only continue increasing as seniors who need specialized care continue to socially distance due to their increased risks and vulnerabilities. **To meaningfully address the increasing aging population with long-term and complex health care needs and who require assistance with activities of daily living, especially during the COVID-19 crisis, we urge CMS to recognize medical at home pharmacy services and issue guidance formally recognizing these services at the same level as other LTC services.**

As you are aware, many pharmacies offering LTC services can provide this specialized at-home care to patients who might otherwise be in a nursing home due to their need for extra clinical services. Due to the risks our members' patients may experience leaving their homes at this time, and the immediate need to keep these seniors out of LTC facilities, medical at home pharmacy services can significantly fill these gaps. However, LTC pharmacies and pharmacists need CMS to formally recognize these services at the same level as other LTC services in order to submit these

¹ "Medical at Home Services" (Oct. 21, 2019), available at <https://ncpa.org/sites/default/files/2020-06/stakeholder-medical-at-home-letter-to-cms.pdf>.

services to their contracted payers/pharmacy benefit managers (PBM) for reimbursement commensurate with the services provided to Part D beneficiaries residing in LTC facilities.

The National Council for Prescription Drug Programs (NCPDP) has also been discussing medical at home pharmacy services via its Work Group 14 LTPAC Billing Issues Task Group. We previously mentioned to CMS that NCPDP approved one new level of service referencing medical at home services with special pharmacy services identical to those provided to LTC facility beneficiaries (not including emergency kits). In August, NCPDP members are expected to approve an addition to the billing standard FAQ, drafted by members of an LTPAC billing task group, for how to communicate on a claim transaction that the patient is receiving LTC services when the patient does not reside in an LTC setting. Within this FAQ, NCPDP has included an answer stating that these services can be communicated on a claim by using the appropriate Patient Resident Code (484-DX) and a Level of Service Code (418-DI) value of "7" (medical at home with special pharmacy services identical to Long Term Care beneficiaries with the exception of emergency kits). Evidently, industry is moving toward formally including medical at home pharmacy services as skilled services, but payment for these services cannot occur until CMS provides guidance to plans and PBMs to recognize these services at a higher level of care.

Due to the immediate need for medical at home pharmacy services and NCPDP's progress on the FAQ described above, we ask that CMS formally recognize and promote medical at home pharmacy services to help improve value-based patient care during the COVID-19 PHE, increase savings to the health care system, and ensure pharmacy providers are fairly and properly reimbursed for their services. As such, our groups urge CMS to issue guidance to Part D plans recognizing these services at the same level as LTC services and to update the Medicare Part D Manual to include patients residing at their home as patients receiving a higher level of care.

Sincerely,

Academy of Independent Pharmacy/Georgia Pharmacy Association
American Pharmacy Cooperative, Inc.
American Pharmacy Services Corporation
American Society of Consultant Pharmacists
AmerisourceBergen Drug Corporation
AuBurn Pharmacy
Burlington Drug Company
Cardinal Health
CARE Pharmacies Cooperative, Inc.
Compliant Pharmacy Alliance Cooperative
Currus
EPIC Pharmacies, Inc.
GeriMed
Good Day Pharmacies
Hi-School Pharmacy

Independent Pharmacy Alliance
Independent Pharmacy Buying Group
Independent Pharmacy Cooperative
Kelley-Ross Pharmacy
Managed Health Care Associates, Inc.
McKesson
National Community Pharmacists Association
Northeast Pharmacy Service Corp.
Osborn Drugs, Inc.
Palisade Drug
PARC, an Association of Community Pharmacies
PBA Health
Pharmacy Providers of Oklahoma
Pharmacy Franchisees and Owners Association
Premier Pharmacy Network
Senior Care Pharmacy Coalition
Smith Drug Company
Thrifty White Pharmacy
TriState Pharmacies, LLC
Valley Pharmacy
Value Drug Company
Well-Served Pharmacy Community

CC: Dr. Jeffrey Kelman
Ms. Cheri Rice