

Submitted electronically to Amy.Larrick@cms.hhs.gov

April 25, 2019

Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group
Center for Medicare
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Re: Medical at Home Services

Dear Ms. Larrick,

On behalf of the National Community Pharmacists Association (NCPA), we write to bring attention to the value of community pharmacists in providing medical at home services. NCPA represents the interests of America's community pharmacists, including the owners of 22,000 independent community pharmacies. Together, they represent a \$76 billion health care marketplace and employ 250,000 individuals. NCPA's LTC Division advocates on behalf of long-term care (LTC) pharmacy owners to ensure they are efficiently serving their long-term care patients. Independent pharmacies play a critical role in ensuring patients have immediate access to medications in both the community and long-term care settings.

With an increasing number of the elderly population requiring assistance with activities of daily living, finding the appropriate care for this population is essential. Although care and new programs for rehabilitation after an illness or surgery is now more prevalent in nursing homes, both patients and their caregivers prefer not to enter a nursing home unless it is absolutely necessary. Therefore, alternatives for this population to receive the care they need are evolving. Notably, patients have increasingly desired and benefited from medical care in the home setting.

Many community and long-term care pharmacies service some patients in their home that might otherwise be in a nursing home due to their need for extra clinical services. Some of these services include medication management services, such as specialized packaging, medication reconciliation, hand-delivery, and consulting services, as well as review of any unnecessary drugs, duplication of therapies, or adverse reactions. In addition, multiple states are currently offering a waiver program in the 1915C Medicaid program to allow healthcare professionals, such as long-term care and community pharmacists, to provide nursing home services in a patients home, including occupational and physical therapy, and help with activities of daily life (ADLs) (toileting, transferring, eating, bathing, and dressing). The Home and Community Based Service (HCBS) program has over 3.2 million beneficiaries with spending equal to \$55 billion in 2013. The only two care settings with a zero copay today are in a skilled nursing facility and for

residents in a HCBS program.¹ These medical at home services, among others, can decrease errors and increase patient compliance.

Medical at home also increases health care cost savings. CMS' recent Independence at Home Demonstration showed savings of \$9.1 million in its third year, once incentive payments to practices were taken into account.² Evidently, medical care at home lowers health care costs, as it prevents costly hospital visits and provides chronically ill seniors with quality care. However, CMS does not currently recognize or utilize medical at home services even though the National Council for Prescription Drug Programs (NCPDP) has developed a patient residence code for these types of services. The NCPDP Telecommunication Standard Version D.0 includes the patient residence code 384-4X where "home" is listed as a value option for the standard, along with "skilled nursing facility," "nursing facility," and "assisted living facility." "Home" is defined as a "location, other than a hospital or other facility, where the patient receives drugs or services in a private residence."

Further, in November 2015, NCPDP updated its telecommunication FAQ to assist pharmacies in providing information regarding their care for beneficiaries in medical homes. NCPDP directed pharmacies to bill claims for these beneficiaries with a patient residence code of "01" since they live in their own home and pharmacy type "05" because the pharmacy is required to provide all the services listed on the criteria (with the exception of an emergency box). The claim would then contain the code for level of service equal to "7."

Therefore, just as NCPDP Telecommunication Standard Version D.0 allows a skilled nursing facility to be chosen as the patient's residence, NCPDP Telecommunication Standard Version D.0 also provides the patient's home as a place of residence where services can be provided. NCPA appreciates that CMS recognizes pharmacy services provided to patients at skilled nursing facilities; however, we believe CMS should implement the same recognition and coverage for similar pharmacy services provided at the patient's home due to the reasons listed above. We believe CMS' recognition of medical at home services and requirement that these services be reimbursed would further promote efficient patient care as well government savings.

Cost effective healthcare for Medicare recipients becomes more important as the geriatric population grows. Medicare recipients choosing to live at home should be able to receive medical care, including medication management services, in order to decrease overall healthcare costs, improve access to care, and allow recipients to be able to live where they are comfortable. NCPA's long term care members stand ready to provide these services.

NCPA believes patients would benefit from medical at home services by receiving more efficient and less costly care, which would ultimately also result in savings to the government. **Therefore,**

¹ Medicare Part D Manual Chapter 13 Sections 20 and 60.2.2.

² U.S. Dept. of Health and Human Services, *Report to Congress: Evaluation of the Independence at Home Demonstration* (Nov. 2018), available at <https://innovation.cms.gov/Files/reports/iah-rtc.pdf>.

we ask that CMS recognize, reimburse, and promote medical at home pharmacy services at the same level as pharmacy services that are provided to skilled nursing patients, which would ultimately increase the value of patient care. NCPA is committed to working collaboratively with the Administration, Members of Congress, and other stakeholders in adopting viable solutions to facilitate improved patient care and increase savings to the government by increasing access to medical at home services. We would appreciate meeting with you to discuss this issue and will follow up accordingly.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ronna B. Hauser".

Ronna B. Hauser, PharmD
Vice President, Pharmacy Policy & Regulatory Affairs
National Community Pharmacists Association