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

October 21, 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,

Our organizations write to bring attention to the value of long-term care (LTC) pharmacists in providing medical at home services. We are a group of multi-disciplined stakeholders who represent pharmacies and have a vested interest in encouraging the prevalence of medical at home services for elderly patients. To meaningfully address the increasing aging population who require assistance with activities of daily living, 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.

Almost 2 million people over the age of 65 (excluding LTC facility residents) rarely or never leave their homes.[1] Homebound patients are sicker than most, many with progressing dementia and depression, struggling to complete activities of daily living and manage complexities of their medications.[2] However, the number of skilled nursing facility beds/nursing homes is expected to remain stagnant.[3]

Many pharmacies offering LTC services provide specialized care to patients in their homes who might otherwise be in a nursing home due to their need for extra clinical services. LTC pharmacies routinely offer emergency support and services to the homebound, such as specialized packaging with home delivery, regular communications with prescribers, medication adherence programs, and value-based comprehensive medication management (CMM), working with the homebound

[1] Ornstein KA et. al, *Epidemiology of the Homebound Population in the United States*, JAMA Intern Med. 175(7): 1180-1186 (2015).
[2] *Id*.
[3] Mark Mather, *Fact Sheet: Aging in the United States*, PRB (July 15, 2019), *available at* https://www.prb.org/aging-unitedstates-fact-sheet/; Paula Span, *At Home, Many Seniors are Imprisoned by Their Independence*, NY Times (June 19, 2015), *available at* https://www.nytimes.com/2015/06/23/health/at-home-many-seniors-are-imprisoned-by-their-independence.html?ref=health&_r=2.

patients' core interdisciplinary team.[4] These medical at home services, among others, can decrease errors and increase patient compliance.

Currently, CMS does not recognize or utilize medical at home services even though the National Council for Prescription Drug Programs (NCPDP), in November 2015, passed Data Element Request Form 1306,[5] which approved one new level of service referencing medical at home services with special pharmacy services identical to those provided to LTC nursing facility beneficiaries (not including emergency kits). NCPDP instructed pharmacies to bill claims for these beneficiaries with a patient residence code of "1" since they live in their own home and pharmacy type "5" for long term care. The claim would then contain the code for level of service equal to "7" to reflect medical at home services.

In order for LTC pharmacists to submit these services to their contracted payers/pharmacy benefit managers (PBMs) and be compensated accordingly, we urge CMS to issue guidance formally recognizing NCPDP patient residence code "1" (home) with level of service "7" (medical at home), along with pharmacy type of "5" for long term care, at the same level as patient residence code "3" (nursing facility) or "9" (intermediate care facility/mentally retarded) to indicate that medical at home services are comparable to covered LTC services under Medicare Part D.

LTC pharmacists, working with homebound patients and their core interdisciplinary team, help to limit hospital readmissions, contain health care costs, and respond to the shifting paradigm of value over volume services. However, as stated above, until CMS recognizes medical at home pharmacy services, PBMs will not change their payment structures for these services for Medicare Part D beneficiaries. **Therefore, we ask that CMS formally recognize and promote medical at home pharmacy services to help improve value-based patient care, increase savings to the health care system, and ensure pharmacy providers are fairly and properly reimbursed for their services.** Our organizations stand committed to work collaboratively with the Administration, Members of Congress, and other stakeholders in adopting solutions to facilitate improved patient care and increase savings to the government by strengthening access to medical at home services.

Sincerely,

AmerisourceBergen
Abts Pharmacy Julesburg, CO
Alliance of Independent Pharmacists of Texas
American Pharmacy Cooperative, Inc.
American Pharmacy Services Corporation
American Society of Consultant Pharmacists
Bemis Drug Kimball NE

[4] Medicare Prescription Drug Benefit Manual – Chapter 5, CMS (Sept. 20, 2011), *available at* https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/MemoPDBManualChapter5_093011.pdf

[5] NCPDP Data Element Request Form (DERF)/External Code List (ECL); DERF #: 001306 (July 13, 2015).

Cardinal Health
CARE Pharmacies Cooperative, Inc.
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GeriMed
Good Day Pharmacies Colorado
Independent Pharmacy Alliance
Independent Pharmacy Cooperative
Integra
McKesson
National Alliance of State Pharmacy Associations
National Community Pharmacists Association
Northeast Pharmacy Service Corporation
Smith Drug Company
Southern Pharmacy Cooperative
Synergy Medical
Palisade Drug Palisade CO
PBA Health/TrueCare Pharmacies
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