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December 22, 2023

Chiquita Brooks-LaSure, MPP
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–4205–P
P.O. Box 8013
Baltimore, MD 21244

Re: Medicare Program; Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications [CMS–4205–P]

Administrator Brooks-LaSure:

The National Community Pharmacists Association (NCPA) appreciates the opportunity to provide comments to CMS on its *Medicare Program; Contract Year 2025 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications* proposed rule.

NCPA represents America's community pharmacists, including 19,400 independent community pharmacies. Almost half of all community pharmacies provide long-term care services and play a critical role in ensuring patients have immediate access to medications in both community and long-term care (LTC) settings. Together, our members represent a $94 billion healthcare marketplace, employ 230,000 individuals, and provide an expanding set of healthcare services to millions of patients every day. Our members are small business owners who are among America's most accessible healthcare providers. NCPA submits these comments on behalf of both community and LTC independent pharmacies.

Enhancements to the Medicare Advantage and Medicare Prescription Drug Benefit Programs

Improvements to Drug Management Programs (§§ 423.100 and 423.153)

The Social Security Act (SSA) requires that Part D sponsors have a drug management program (DMP) for beneficiaries at risk of abuse or misuse of frequently abused drugs (FADs), currently defined by CMS as opioids and benzodiazepines. SSA defines an exempted individual as one who receives hospice care, who is a resident of a long-term care facility for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy, or who the Secretary elects to treat as an exempted individual. CMS defines an exempted beneficiary as an

enrollee being treated for active cancer-related pain, or has sickle-cell disease, residing in a long-term care facility, has elected to receive hospice care, or is receiving palliative or end-of-life care. In the interest of alignment with the 2022 CDC Guideline regarding applicability in individuals with cancer, CMS is proposing to amend the regulatory definition of "exempted beneficiary" by replacing the reference to "active cancer-related pain" with "cancer-related pain." With this proposal CMS expands the definition of exempted beneficiary to more broadly refer to enrollees being treated for cancer-related pain to include beneficiaries undergoing active cancer treatment, as well as cancer survivors with chronic pain who have completed cancer treatment, are in clinical remission, or are under cancer surveillance only. **NCPA supports this proposal.**

Medicare Advantage/Part C and Part D Prescription Drug Plan Quality Rating System

Proposed Measure Update: Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR) (Part D)

In the December 27, 2022 proposed rule, CMS proposed changes to the MTM program targeting criteria. CMS estimated that the proposed changes would increase the number and percentage of Part D enrollees eligible for MTM from 4.5 million (9 percent) to 11.4 million (23 percent). If those proposed changes were to be finalized, the number of Part D enrollees eligible for MTM programs would increase, and the denominator of the MTM Program Completion Rate for CMR Measure would expand accordingly; therefore such changes in the targeting criteria would be substantive updates to the Star Rating measure. Specifically, these proposed changes to the targeting criteria would not update the actual measure specifications but would meaningfully impact the number of Part D enrollees eligible for MTM services from 9 percent to an estimated 23 percent and, thus, substantially increase the number of enrollees included in the denominator of the MTM Program Completion Rate for CMR Measure, if finalized.

Accordingly, if the changes to eligibility for the MTM program in the December 2022 proposed rule (described above) are finalized in a future rule, in this proposed rule CMS proposes to move the MTM Program Completion Rate for CMR Star Rating measure to a display measure for at least 2 years due to substantive measure updates. There would be no legacy measure to calculate while the updated measure using the same measure specifications is on the display page because the MTM-eligible denominator population would have meaningfully increased due to changes in the program requirements.

If the changes to eligibility for MTM programs described above and in the December 2022 proposed rule are not finalized, CMS would not make any substantive changes to the MTM Program Completion Rate for CMR measure—that is, CMS would also not finalize the proposal in this rule to update the Star Rating measure.

NCPA emphasizes that as medication experts, community pharmacists are critical to helping patients stick with and get the most out of their prescription drugs. Yet so much more can be done to improve medication adherence and achieve better health outcomes at lower overall costs. That is where medication therapy management, or MTM, services can play a vital role and

it is why **NCPA strongly supports the increased application of MTM as soon as possible.** NCPA believes that prevention is the best medicine, and whether it is catching a medication error before it leads to a hospitalization or effective chronic disease management, MTM services present an opportunity to improve patient care while providing greater efficiencies within the healthcare system.

Pharmacists should be properly compensated for MTM

NCPA opposes further broadening coverage of MTM services without increasing payment to pharmacies, as doing otherwise will create an "unfunded mandate" on pharmacy. It is crucial that Part D plans increase payment for these services, as the existing payment rates are insufficient for pharmacies. If low payments continue, pharmacists will not invest the time in providing MTM services. Part D plans should recognize the role and value of the pharmacist and what they provide for MTM services, and compensate them accordingly.

Furthermore, MTM payments should be commensurate with the care and expertise provided to the patient, not based on generating additional revenue for the plans and the PBMs. NCPA opposes Part D plans utilizing MTM to generate cost savings, such as formulary management tools that arbitrarily seek to move patients to the PBM's preferred formulary medication or transitioning to an extended-day supply of medication. Often patients that qualify for MTM are not ideal candidates for extended-day supplies, such as 90-day fills. Extended-day supplies may be wasteful, costing more for patients and Medicare, in a group of patients that may have more frequent dose or treatment changes. Additionally, extended day supply can often lead to less clinically appropriate in-person, pharmacy-patient contact. MTM payments should emphasize the professional services and relationships that pharmacists provide to patients. MTM should not arbitrarily limit time and engagement with patients; CPT codes 99605-99607 for medication therapy management services reflect initial, follow-up, and additional 15-minute increments of time.

Additionally, NCPA supports CMS requiring Part D contracts to contain "any willing pharmacy" language to allow pharmacies to participate in MTM services. Such participation in MTM should be based on pharmacies' capacities and willingness to handle MTM cases. Plans should not be allowed to have performance scores, fees or payment withholds contingent on the number of MTM beneficiaries a pharmacy has.

Lastly, NCPA asks that CMS support establishing a more collaborative working relationship between prescribers, pharmacists, and health plans to improve patient participation, better meet patient preferences, and increase acceptance of pharmacists' MTM interventions or recommendations.

Pharmacies should have flexibility in software

NCPA also argues that pharmacies should have flexibility to choose the documentation system(s) they prefer instead of the one(s) required by the Part D plans and PBMs. In the years since the creation of the MTM program in the MMA, health information technology and interoperability have made advancements that make proprietary clinical documentation

platforms outdated. It is difficult for pharmacies to manage multiple patients on multiple platforms, which includes redundant data entry and significant administrative burden. While some payers want pharmacies to capture MTM in a given platform, pharmacies should have flexibility and choice in their software for documenting and billing MTM interventions to provide the most efficiency at the point of care. CMS should encourage Part D Plans and MTM platforms to provide MTM referrals and accept documentation that is platform agnostic. NCPA also supports these platforms' ability to provide real time calculation and provision of data/payment impact information.

Standards for Electronic Prescribing (§ 423.160)

CMS proposes that it updates the standards to be used for electronic transmission of prescriptions and prescription-related information for Part D covered drugs for Part D eligible individuals. This includes: after a transition period, requiring the National Council for Prescription Drug Plans (NDPDP) SCRIPT standard version 202301, proposed for adoption at 45 CFR 170.205(b)(2), and retiring use of NCPDP SCRIPT standard version 2017071 for communication of a prescription or prescription-related information supported by Part D sponsors. **NCPA supports these policies.**

CMS also proposes requiring use of NCPDP Real-Time Prescription Benefit (RTPB) standard version 13 for prescriber RTBTs implemented by Part D sponsors beginning January 1, 2027. **NCPA supports this policy and recommends that pharmacists have access to RTPB-based transactions to obtain patient-specific benefit information.**

CMS also proposes that entities may use either HL7 messages or the NCPDP SCRIPT Standard to transmit prescriptions or prescription-related information internally when the sender and the recipient are part of the same legal entity. **NCPA recommends that this flexibility extends to future use of the transaction to transfer a prescription, so for example an HMO pharmacy sending a compatible SCRIPT message to a non-HMO pharmacy.**

In the proposed rule, CMS asks interested parties for their perspective on whether requiring the NCPDP RTPB standard version 13 would limit the ability to send more than one drug or pharmacy per RTBT transaction, and if so, whether the benefit of adopting a standard for prescriber RTBTs in order to enable widespread integration across EHRs and payers outweighs such limitation.

NCPA believes that CMS needs to address the number and ordering of pharmacy results. The patient's preferred pharmacy should be most prominent. Alternate pharmacies should also reflect patient preferences for enhanced services (i.e., adherence packaging, delivery), and distance from home, work or the prescriber's location. There are non-binding NCPDP guidelines on how to maintain pharmacy network files (i.e., the frequency the plans update them, the time to add a new pharmacy, the time the RTPB vendor has to incorporate a new pharmacy). Pharmacies also need a dispute process.

NCPA appreciates the opportunity to share with CMS our comments and suggestions on the *Medicare Program; Contract Year 2025 Policy and Technical Changes to the Medicare Advantage*

Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly; Health Information Technology Standards and Implementation Specifications proposed rule. Should you have any questions or concerns, please feel free to contact me at steve.postal@ncpa.org or (703) 600-1178.

Sincerely,

Steve Postal, JD
Director, Policy & Regulatory Affairs
National Community Pharmacists Association