

December 31, 2018

Seema Verma, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-4182-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

***Re: Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-for-Service and Medicaid Managed Care Programs for Years 2020 and 2021 [CMS-4185-P]***

Dear Administrator Verma:

The Academy of Managed Care Pharmacy (AMCP) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comments in response to the proposed rule “*Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-for-Service and Medicaid Managed Care Programs for Years 2020 and 2021 [CMS-4185-P]*” published in the *Federal Register* on November 1, 2018. AMCP offers comments on the following CMS proposals for the MA and Part D programs which seek to implement provisions of the Bipartisan Budget Act of 2018 and improve program quality and accessibility:

- I. Requirements for Medicare Advantage Plans Offering Additional Telehealth Benefits
- II. Proposal for Prescription Drug Plan Sponsors’ Access to Medicare Parts A and B Claims Data Extracts
- III. Medicare Advantage and Part D Prescription Drug Plan Quality Rating System

AMCP is the nation’s leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes and ensuring the wise use of healthcare dollars. Through evidence- and value-based strategies and practices, the Academy’s 8,000 pharmacists, physicians, nurses and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government.

## ***Requirements for Medicare Advantage Plans Offering Additional Telehealth Benefits***

AMCP is pleased to see that the actions in this proposed rule would allow Medicare Advantage (MA) Plans to provide additional telehealth benefits to beneficiaries and include telehealth as a basic benefit rather than a supplemental benefit in MA Plans. To enhance the benefit, AMCP strongly encourages CMS to review and include pharmacists as healthcare providers under the Medicare Telehealth Benefit to enhance beneficiaries' ability to ensure optimal medication use.

The expansion of telehealth-related services proposed in the rule has the potential to improve beneficiary access to managed care pharmacy services such as chronic care management and Medication Therapy Management (MTM). As members of the healthcare team, pharmacists routinely provide Medicare-covered services such as MTM. These services are especially effective for patients with multiple chronic conditions, complex medication therapies, high prescription costs and multiple prescribers. MTM services contribute to medication error prevention, result in improved reliability of healthcare delivery and enable patients to take an active role in medication and healthcare self-management.<sup>1</sup>

Emerging telehealth models for completing MTM requirements that utilize and recognize pharmacists as direct providers are helping to drive beneficiary participation in MTM programs. Telehealth enables pharmacists to connect with established healthcare management teams and patients, particularly when questions arise concerning medications prescribed or changes to medications, independent of geography. In many instances, especially in rural and underserved areas where telehealth would be invaluable, pharmacists are the first point of contact by patients.

AMCP created the Medication Therapy Management Advisory Group (MTMAG) to advise staff on critical issues in the delivery of MTM-related services. The MTMAG is comprised of 40+ MTM stakeholders representing Medicare Part D sponsors, MTM vendors, technology vendors, community MTM providers, pharmacy professional organizations, EHR vendors, integrated delivery networks, and academia. One goal of the MTMAG is to provide recommendations to AMCP to identify opportunities for increasing efficiencies and decreasing costs associated with MTM

Medication Therapy Management (MTM) services are valuable to beneficiaries as well as a measure for cost reduction in relation to preventable hospitalizations and adverse drug effects. As a part of telehealth benefits, MTM services would be more accessible and user friendly. The MTM Standardized Format (SF)<sup>2</sup>, which is a summary document accompanying the comprehensive medication reviews, has the potential to be an excellent tool for telehealth. Recent research from members of the MTMAG on the utilization of the SF among beneficiaries has brought to light several areas for improvement in the SF document. Beneficiary focused

---

<sup>1</sup> American Pharmacists Association and National Association of Chain Drug Stores Foundation, *Medication Management in Pharmacy Practice: Core Elements of an MTM Service Model*, Version 2.0., 2008.

<sup>2</sup> Medicare Part D Medication Therapy Management Program Standardized Format, Accessed December 28, 2018, <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/MTM-Program-Standardized-Format-English-and-Spanish-Instructions-Samples-v032712.pdf>.

modifications could result in optimal use of the service, especially as part of telehealth, in addition to ensuring cost reduction. Research suggests the integration of the SF with a beneficiary's health records for timely updates and sharing is optimal. A flexible and user-friendly SF as a part of MTM services would be a positive addition to the telehealth services.

Moreover, although research has continuously shown positive outcomes for pharmacists providing patient care services such as MTM, pharmacist involvement through telehealth, while expanding, is not optimized. Barriers to expanding pharmacists' involvement are in part due to inconsistent reimbursement and lack of recognition of pharmacists' capabilities within the Medicare program. Therefore, we ask CMS to review and include pharmacists as providers under the Medicare Telehealth Benefit and applicable payment codes for those pharmacist-provided telehealth services.

These additions would significantly improve both the availability of a consistent reimbursement source, as well as demonstrate federal support for pharmacists' clinical abilities beyond that provided under the Medicare Part D program. AMCP strongly believes the inclusion of pharmacists as healthcare providers for the Medicare Telehealth Benefit will enhance their ability to work as part of healthcare teams to address primary healthcare needs and increase the potential of pharmacists to provide these services with fewer barriers.

AMCP has long advocated for flexibility in the provision of MTM services under Part D. As noted above, telehealth may be an option for plans to provide valuable MTM services. The case for flexibility in providing MTM to improve outcomes was recently demonstrated in positive performance results for the first year of the Centers for Medicare and Medicaid Innovation (CMMI) demonstration of the Medicare Part D enhanced MTM model.<sup>3</sup> The results, released on November 30, 2018, suggest that participants in the model spent approximately \$325 million less than anticipated spending for 1.7 million participating beneficiaries. Moreover, both enrollment and savings are projected to increase during the second performance year of the model. These initial results are encouraging – especially given that they took place in a single year – and demonstrate MTM's cost-saving potential in the Medicare program. AMCP encourages CMS to consider these findings and work with stakeholders to encourage more flexibility in MTM-provided services to reduce costs and improve health outcomes.

### ***Prescription Drug Plan Sponsors' Access to Medicare Part D and B Claims Data***

CMS proposes to provide standalone prescription drug plans (PDPs) with Parts A and B medical claims data to promote improved medication use and better health outcomes through care coordination. AMCP appreciates CMS's proposal permitting PDP sponsors to use medical claims data to assist in care management of beneficiaries but respectfully disagrees with the limitations on using these data for coverage determinations. AMCP believes that this data can assist standalone Part D benefits (PDP sponsors) in conducting care

---

<sup>3</sup> Part D Enhanced Medication Therapy Management Model First Year Performance Based Payment Results Fact Sheet, Accessed December 12, 2018, <https://innovation.cms.gov/Files/x/mtm-firstyrresults-fs.pdf>.

coordination and identifying possible adverse outcomes for beneficiaries. Currently, there is no mechanism for PDP sponsors to ensure that medications are appropriate given that they do not have contracts with prescribing providers. With access to claims data, PDPs would be better positioned to identify appropriate interventions related to medication adherence, opioid overutilization, risk adjustment and other medication management related requirements of PDP sponsors.

Additionally, AMCP has concerns about the timeliness of data as proposed by CMS. We urge CMS to consider options that would allow PDP sponsors access to real-time data so that it could be more usable when providing enhanced care coordination services. As the ability to digest and process data in real-time continues to improve, Part D plan sponsors stand to gain significant information to help inform the clinical decision-making process. AMCP agrees with CMS that the most relevant data is current data. However, as written in the proposed regulation, CMS anticipates that Medicare claims data would be provided at least quarterly with approximately a 3-month lag from the last day of the month of the prior quarter. Additionally, CMS anticipates it could take up to two months to process and ship the data extracts from the date the quarterly data are available. As such, it proposes that the first standardized data extract would be available to PDP sponsors no earlier than August 15, 2020, which would include, at a minimum, data for the period beginning January 1, 2020, and ending March 1, 2020. Therefore, under this timeline, PDP sponsors would be receiving data that is nearly 6 months old, which would be detrimental to the timely coordination of care.

As the healthcare system moves focusing on quantity to one that is focused on value and outcomes, real-time data becomes critical as it can give a broader understanding of the patient's health at the point of care. Therefore, we strongly encourage CMS to provide Part D plans with medical claims data in real-time to provide a better understanding of patient health leading to improved coordination of care and the best quality of care provided to Medicare beneficiaries.

***Medicare Advantage and Part D Prescription Drug Plan Quality Rating System – Proposed Enhancements to Measure Level Star Ratings***

Overall, AMCP applauds CMS's efforts to increase transparency in the Star Ratings program to improve the stability and predictability. For non-Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures, CMS is proposing an enhanced cut point methodology for data collected during the 2020 measurement year and associated 2022 Star Ratings intended to improve stability and predictability and reduce the influence of outliers by implementing a guardrail so that cut points do not increase or decrease more than the cap from one year to the next. Guardrails would restrict movement in the cut-points, either up or down, over the prior year's cut points. The proposed guardrail would be a bi-directional cap that would restrict movement both above and below the prior year's cut points. CMS proposes an absolute five percentage point cap for all measures scored on a 0-100 scale and five percent of the restricted range for all measures not on a 0-100 scale, but solicits comments on alternatives, such as a three-percentage point/percent cap.

Generally, AMCP supports CMS's proposal to prevent cut points from increasing or decreasing excessively from one year to the next by implementing guardrails. The unpredictability of cut points in the current approach continues to serve as a longstanding frustration for AMCP members and CMS's proposal will help to improve predictability therefore increasing the focus on quality in Star Ratings. However, we support CMS's alternative proposal of a three-percentage point cap instead of a five-percentage point cap for all measures, not just those measures that have been in the Part C and D Ratings program for more than three years.

A three-percentage point cap is preferable to a five-percentage point cap because the lower rate of change from one year to the next improves predictability for Star Ratings for MA and Part D plans. Additionally, we support bi-directional caps for all measures. We also encourage CMS to consider similar guardrails, of around 0.5 to 1.00 for all CAHPS measures, where cut points are not established by clustering algorithms.

### **Conclusion**

AMCP appreciates your consideration of the concerns outlined above and looks forward to continuing work on these issues with CMS. If you have any questions regarding AMCP's comments or would like further information, please contact me at 703-684-2600 or [scantrell@amcp.org](mailto:scantrell@amcp.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Cantrell", with a long horizontal flourish extending to the right.

Susan A. Cantrell, RPh, CAE  
Chief Executive Officer