AMCP Submits Comments on Proposed Part D MTM Program CMR Changes

In public comments, AMCP urged CMS to allow Medicare Part D plans more flexibility in how they communicate the Part D Medication Therapy Management (MTM) Program's comprehensive medication review (CMR) standardized format document.

Part D sponsors must offer a CMR to targeted beneficiaries at least annually, while also providing them a written summary that complies with CMS requirements. Plans have limited flexibility in the presentation and delivery of this material, restricted only to supplemental information in the required paper version. While CMS's proposed changes to the standardized format did shorten the length of the CMR, and would make the document usable for beneficiaries, which AMCP supports, CMS will still require the CMR to be presented in paper format.

In the April 24 letter, AMCP noted that the inflexible paper format stifles more innovative approaches that Part D plans might take to more clearly and efficiently communicate to their enrollees. AMCP urges CMS to allow plans to utilize alternatives to the paper format that meet minimum content requirements and provide additional choices to beneficiaries, including electronic, mobile application technologies, or other innovative communication mediums.

Read AMCP's comments.

Eye on Washington

CMS Changes 2021 Star Ratings Program in Response to Pandemic

In its efforts to address the COVID-19 public health emergency, CMS announced it will make changes to the calculation of the 2021 Star Ratings program. CMS no longer will require Medicare Advantage (MA) and Part D plan sponsors to submit Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey data for 2020 (based on 2019 performance for the CY 2021 Star Ratings) and will instead use a plan's CY 2020 Star Ratings for CAHPS-based measures for CY 2021 Stars.

In addition, CMS is removing the requirement for MA plans to submit

Advocacy Tip

Stay up-to-date: Read AMCP's Letters, Statements and Analysis on all legislation and regulation impacting managed care pharmacy.

Healthcare Effectiveness Data and Information Set (HEDIS) data for the 2019 measurement year and will delay data collection for the Health Outcomes Survey (HOS) to late summer of 2020. For all other measures, the data and measurement period will not change what was finalized in the April 2018 final rule unless the COVID-19 outbreak prevents CMS from having validated data or from calculating the 2021 Star Ratings. In such a case, CMS would use the Star Ratings from CY 2020 for CY 2021.

CMS made these changes in an Interim Final Rule with Comment Period (IFC), a provision of rulemaking that allows an agency to skip the proposed notice and comment period and just publish a final rule. Federal agencies are authorized to skip the proposed rule stage when it has good cause to do so or when going through the full process is "impracticable, unnecessary, or contrary to the public interest," such as during a declared public health emergency.

AMCP is seeking member input for comments to the IFC on the proposed Star Ratings changes. Please send any feedback to advocacy@amcp.org by May 27.

CMS Finalizes Plan Flexibility to Use Copay Accumulators in ACA Plans

CMS has finalized a rule that will allow – but not require – Affordable Care Act (ACA) plan sponsors to utilize copay accumulator programs and exclude the value of a manufacturer assistance toward a beneficiary's maximum out-of-pocket limit. The provision was announced in CMS's May 14 ACA Notice of Benefit and Payment Parameters final rule, making changes to exchange plans for CY 2021. A similar provision that would have allowed for the use of copay accumulator programs only for brand drugs with a generic alternative had been put on hold when it conflicted with IRS guidance for high deductible/health savings account plans. The IRS updated its guidance and CMS finalized this rule for 2021 plans. AMCP submitted comments in support of this provision.

Eye on States

Two Proposed Biosimilars Bills Fail to Advance

Two bills introduced in California and Minnesota concerning health plans' coverage of biosimilars failed to advance out of committee this year. If enacted, they would have required health plans to cover a biological product and all its biosimilars if the biological product or any biosimilar from the same manufacturer is covered. The bills also would have prevented health plans from using utilization management strategies, such as prior authorization or step therapy, in their coverage of these drugs. AMCP opposes these restrictions on cost-saving actions and continues to monitor the state policy landscape for other similar bills. To stay on top of the latest issues and sign up for alerts, visit AMCP's Grassroots Advocacy page.

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