

Congress can't seem to get anything done. Why doesn't NCPA move all of its efforts to state issues?

Brian Caswell, Board of Directors
Wolkar Drug, Baxter Springs, Kan.



As tempting as it sometimes might seem, community pharmacy can't give up on Congress. Uncle Sam is pharmacy's biggest customer, when you combine Medicare, Medicaid, TRICARE, and the Federal Employee Health Benefits Program. Recent stand-alone bills on community pharmacy's legislative agenda have not passed, but their introduction and efforts to gain cosponsors have served to make many more lawmakers aware of PBM issues. That is resulting in growing a "Community Pharmacy Congress" that bears fruit in other ways, especially at the Centers for Medicare & Medicaid Services. Letters and calls from members of Congress, for example, along with NCPA's advocacy and industry coordination efforts, ultimately convinced CMS to require Medicare Part D plans to update their MAC lists at least every seven days. Not mission accomplished, but a start toward PBM reimbursement accountability.

State legislatures have been at the forefront of dozens of victories for community pharmacy in recent years. With NCPA's support, MAC laws have been passed or strengthened in 29 states, for example, thanks to our state pharmacy partners and their grassroots supporters. Ideally these successes will flow up-hill to Washington policy makers, who will take notice of their individual states' message that transparency, patient access, and provider protections are important and deserve national attention.



Independent Pharmacy Today

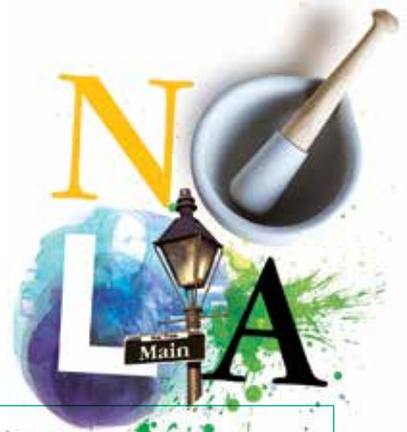
Percentage of Pharmacies That Offer at Least One Disease State Management Service

Immunizations—71%
Blood Pressure Monitoring—64%
Diabetes Training—41%
Smoking Cessation—19%
HIV/AIDS—19%

Source: 2015 NCPA Digest, sponsored by Cardinal Health



Carmen A. DiCello, right, former executive director of the Pennsylvania Pharmacists Association and former director of government affairs for Value Drug Co., receives a special award at the NCPA Committee Forum for his nearly five decades of advocacy on behalf of independent community pharmacy from NCPA President Bradley J. Arthur. DiCello owns Towne Drug in Pottsville, Pa.



THE **AUDIT** **ADVISOR**

Medicare Part B Compliant Signature Logs

Q: I just had a Part B claim denied on an audit for “no documentation showing proof of delivery for items billed,” but I sent in a printout from your point-of-sale system that clearly had a prescription number, date, and signature on it. What should I do?

A: The Centers for Medicare & Medicaid Services requires a detailed description of what was dispensed to the patient to be included on the signature log. The Medicare Program Integrity Manual (PIM) Chapter 4, section 4.26.1, explains what a valid proof of delivery contains:

1. Patient name
2. Quantity delivered
3. Detailed description of what was dispensed/delivered
4. Brand name and serial number—if a device like a nebulizer machine or glucose monitor
5. Signature—if the patient is not the one signing, then the relationship to the patient should also be documented (such as spouse, friend)
6. Date—reminder that for in-store pickups and deliveries made by pharmacy staff, this date must match the date of service on the claim
7. Delivery address

The PIM also states that if the signature is not legible, the pharmacy should note the name of the person on the log. Because of the detail that is required, most POS systems do not provide enough detail to qualify as a valid proof of delivery for CMS purposes.

Two options are to talk to your POS vendor about adding more detail to your print out, or keep a separate manual Part B signature log that each patient signs in addition to your POS if you have one.

By Mark Jacobs, RPh, PAAS National, the Pharmacy Audit Assistance Service. For more information, call 888-870-7227 toll-free, or visit www.paasnational.com.



ADVOCACY **ALERT**

- **State Insurance Regulators Should Oversee PBMs**
State departments of insurance should have oversight and enforcement authority over the virtually unregulated PBM industry, NCPA recommended to the National Association of Insurance Commissioners at its annual meeting in New Orleans.
- **PBMs Violating Federal Law on Medicare MAC Price Updates**
NCPA has outlined for the Centers for Medicare & Medicaid Services community pharmacy's concerns regarding the non-compliance of multiple Medicare Part D plans and PBMs on their use of generic drug pricing standards to reimburse pharmacies that clearly do not reflect "the market price of acquiring the drug"—in direct violation of federal law. ■