

Advance Notice of Methodological Changes for Calendar Year (CY) 2016 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2016 Call Letter

Summary of Provisions of Interest to Community Pharmacy

Access to Preferred Cost-Sharing Pharmacies: at this time CMS does not intend to establish access standards for preferred cost-sharing pharmacies. However, the Agency proposes to provide beneficiaries with greater transparency in their plan options, as well as work with Part D sponsors that offer limited access to preferred cost sharing pharmacies in their networks to ensure all beneficiaries have access to affordable coverage.

Maximum Allowable Cost (MAC) Pricing: CMS reminds Part D sponsors maximum allowable cost (MAC) price updates must be disclosed to network pharmacies in a manner that is usable by pharmacies, so that pharmacies can validate prices.

Medication Therapy Management (MTM):

- **Annual MTM Eligibility Cost Threshold:** targeted beneficiaries for a Part D plan's MTM program, are enrollees who meet all of the following criteria: have multiple chronic diseases, are taking multiple Part D drugs, and are likely to incur annual Part D drug costs that meet or exceed a certain threshold. The 2015 MTM program annual cost threshold is \$3,138. The 2016 MTM program annual cost threshold will be adjusted based on the annual percentage and finalized in the 2016 Call Letter.
- **Addition of CMR completion measure to Part D Star Ratings:** this measure is based on the PQA-endorsed measure, Completion Rate for Comprehensive Medication Review (CMR), which is used to calculate the percentage of beneficiaries who met eligibility criteria for the Medication Therapy Management (MTM) program and who received a CMR with a written summary in CMS standardized format. The measure will be assigned a weight of "1" and calculated as a process measure.

Mail Order and Changes to Applying for Exceptions to the Auto-Ship Policy: any Part D sponsors that automatically send prescriptions not directly initiated by the beneficiary (e.g. auto-refill) may do so without submitting a specific request to CMS, but are still expected to meet all of the conditions listed in the applicable memoranda. Plans are permitted to start or continue automatic shipments, provided they meet the conditions listed in previous authorizing memoranda. Similarly, Employer Group Waiver Plan (EGWP) sponsors interested in offering automatic deliveries of refill prescriptions will no longer need to separately request an exception.

Improving Utilization Controls in Medicare Part D

- **CMS is not expecting sponsors to implement hard acetaminophen (APAP) formulary edits:** CMS expects sponsors' Pharmacy and Therapeutics (P&T) committees to develop the specifications for a cumulative morphine equivalent dose (MED) soft point of sale (POS) edit to prevent opioid overutilization while minimizing false positives.
- **CMS undecided on which drugs or drug classes are appropriate or inappropriate with regards to expanding the Part D overutilization policy:** CMS requests comments on which drugs or classes of drugs would be appropriate or inappropriate to target and why. CMS is also interested in methodologies to identify potential cases of overutilization or misuse; such as, maximum dose, and duplicative therapy.

Improving Appeals Process for Beneficiaries Making the Exceptions and Appeals Processes More Accessible for Beneficiaries: CMS has identified certain areas where operational process may be adjusted which may lead to improved outcomes for stakeholders such as: Coverage Denial Notices and Requests for Clinical Documentation; Improved Information at the Point of Sale; and Expanded Data Collection for Part D Appeals.