

VIA Electronic Submission to partd_mtm@cms.hhs.gov

March 21, 2011

Cythnia G. Tudor, Ph.D., Director
Medicare Drug Benefit and C & D Data Group
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Standardized Format for the Comprehensive Medication Review Action Plan and Summary – Request for Comment

Dear Dr. Tudor:

Thank you for the opportunity to submit our comments on improving CMS's proposed standardized format for MTM comprehensive medication review ("CMR") action plans and summaries. As CMS considers finalizing a standardized format for CMR's under Medicare Part D, the National Community Pharmacists Association (NCPA) appreciates the opportunity to share our perspectives.

The National Community Pharmacists Association (NCPA[®]) represents the interests of America's community pharmacists, including the owners of more than 23,000 independent community pharmacies, pharmacy franchises, and chains. Together they represent a \$93 billion health-care marketplace, have more than 315,000 employees including 62,400 pharmacists, and dispense over 41% of all retail prescriptions. NCPA members are the primary providers of drugs and pharmaceutical supplies to millions of Americans. Focusing on the Medicare D program, NCPA members are a primary access point for prescription medications for millions of Part D beneficiaries and NCPA members provide valuable MTM services to many of those Part D beneficiaries. In 2009, 68% of NCPA members offered MTM services to their patients.¹

Given the primary role that NCPA members play with regard to providing MTM services to Part D beneficiaries, we believe that it is of utmost importance that the standardized CMR be functional and concise. In order for patients to receive the maximum benefit from MTM services it is critical that CMS use a standardized CMR form that is as patient friendly as possible. If CMS designs a standardized form that is too complicated or difficult for patients to understand and use, then CMS will undermine the entire value of MTM. Accordingly, NCPA urges CMS to adopt the following suggested improvements to CMS's proposed standardized CMR format.

¹ Donna West-Strum, RPh, PhD, 2010 NCPA Digest at 16 (2010).

Improve the Clarity of the MTM Standardized Forms

NCPA believes that the three standardized MTM forms, as drafted, lack sufficient clarity in a number of places, which is likely to result in patient confusion. First, with regard to the Beneficiary Cover Letter, it is unclear whether or not the letter is being sent to the beneficiary from the Part D plan or the MTM provider. Accordingly, NCPA urges CMS to clarify whether the plan or the MTM provider will be responsible for sending this letter to beneficiaries.

Regardless of who bears responsibility for sending out the Beneficiary Cover Letter, NCPA believes that the letter header and the body of the letter, should make clear to the beneficiary the MTM provider's identity and contact information. The same is true for the headers and questions/concerns references within the Medication Action Plan and Personal Medication List forms. In each of these places on the forms, patients should be able to easily identify the contact information for the MTM provider, should they have questions or concerns. The MTM provider, not the plan, is the proper source for answers to patient questions about their medications and plan.

In a related manner, the Beneficiary Cover Letter also needs more precision in the second paragraph with regard to the phrase "we reviewed your medications and your medication-related concerns with you." If the letter is being sent to beneficiaries by the plan, then this phrase is inaccurate. It should state the name of the MTM provider that reviewed the patient's medications, not the plan. This information should be repeated on page 2 in the last paragraph. As currently drafted, the last paragraph is unclear as to whether patients with questions should call the MTM provider or the plan.

The Beneficiary Cover Letter also lacks clarity in terms of whether the beneficiary is receiving the letter after receiving MTM services or before receiving those services. If the beneficiary receives the cover letter after receiving the initial MTM service, which appears to be the case, then the start of the letter needs to be modified with regard to the language "you are eligible to participate in our Medication Therapy Management (MTM) Program." If the beneficiary already received the service, then he or she already knows they are eligible for the program and the aforementioned language merely confuses the beneficiary.

NCPA believes that making the changes suggested above will add clarity to the forms and avoid potential patient confusion, which is likely to result from the proposed form language.

Add Flexibility to the MTM Personal Medication List

Along with increased clarity, NCPA also seeks greater flexibility in the structure of the Personal Medication List. NCPA is concerned that MTM providers may not always have access to all of the information needed to complete the Personal Medication List, as it is currently worded. Specifically, NCPA is concerned that MTM providers may not always be able to obtain a patient's "goals of therapy." In fact, NCPA believes that this element is extraneous, duplicative of information contained within in the Medication Action Plan and represents information overload for the patient. NCPA urges CMS to delete this element from the Personal Medication List.

Even if CMS chooses not to remove the “goals of therapy” element, NCPA believes, at a minimum, that MTM providers should have some flexibility in how or whether they fill out that element. NCPA believes the same flexibility should be applied to the “start/stop date” element. MTM providers may not always be able to obtain the information requested for the “goals of therapy” and “start/stop date” elements from the patient or the patient’s prescriber.

If the Personal Medication List does not contain enough flexibility, NCPA fears that MTM providers may be placed in a situation in which they are unable to obtain the requested information, and yet they may be penalized for the failure to report such information, through auditing or other oversight. In other words, if the standardization of the Personal Medication List is too stringent, MTM providers may lose reimbursement for a failure to report information, which is beyond their control. Accordingly, NCPA urges CMS to allow for some level of flexibility in the structure and/or reporting on the Personal Medication List, and to provide guidance regarding that flexibility.

Conclusion

In conclusion, NCPA and its members enthusiastically support CMS’s efforts to streamline MTM services within Medicare Part D. However, we also urge CMS to provide further clarification on the structure of the MTM standardized forms and to allow for sufficient flexibility in the structure of those forms. In order to be most effective, the standardized forms must be clear, concise and patient friendly.

NCPA appreciates the opportunity to comment on the proposed Standardized Format for the Comprehensive Medication Review Action Plan and Summary. Please do not hesitate to contact me by email at chris.smith@ncpanet.org, or by telephone at (703) 600-1185, if you have any questions.

Sincerely,



Christopher R. Smith, J.D.
Director of Public Policy and Regulatory Affairs