Packed Room for NCPA's Newly Revised Long-Term Care Program

More than 20 pharmacists visited NCPA Headquarters earlier this month for our High Performance Strategies for LTC Pharmacies program, where they learned about new trends in transitional care for the patient-centric pharmacy market as well as the secrets to launching a successful LTC pharmacy practice. If you weren't able to join us this month, we're offering another program Oct. 8-9 in conjunction with our Annual Convention. Join us!

CMS Releases Hospice Document to Facilitate Communication Between Part D Plans, Hospices, Prescribers, and Pharmacists

CMS has released the final approved form designed to facilitate communication between Medicare Part D plans and those providing care to beneficiaries enrolled in hospice. The form “Hospice Information for Medicare Part D Plans”
has been finalized and is available for use. A copy of the final **standardized format and instructions** are available on CMS' website. Part D sponsors and hospice organizations are strongly encouraged to begin using the form as soon as possible. Pharmacists are encouraged to familiarize themselves with the form, and can assist patients by providing the form to hospice partners.

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**Final CMS Call Letter Includes NCPA Recommendations to Crack Down on Plans Offering Inadequate Access to Preferred Pharmacies**

CMS released its CY 2016 Call Letter, in which it finalized several key issues for NCPA members:

- **Access to Preferred Pharmacies:** CMS finalized a three-pronged approach to ensure convenient access to preferred cost sharing pharmacies (PCSPs). CMS will publish on CMS.gov information in the fall regarding PCSP access levels for each plan with a preferred pharmacy network and will also require plans whose networks are outliers in 2016 to disclose in marketing materials, including websites, its lower access levels, based on a recommendation from NCPA. Furthermore, CMS will work with plans that were extreme outliers in 2014 to address concerns about beneficiary access and marketing representations relating to preferred cost sharing.

- **New Parameters Will Define Plans that Offer Inadequate Access to PCSPs:** If fewer than 40 percent of a plan's beneficiaries in urban areas have access to a preferred cost sharing pharmacy within two miles of their residences, then that plan would be considered an outlier that did not provide meaningful access. In suburban areas, plans offering access to a preferred cost sharing pharmacy within five miles of fewer than 87 percent of beneficiaries' residences
would be considered an outlier. In rural areas, CMS says plans that offer access to preferred cost sharing pharmacies at a lower rate than the current convenient access standard would be considered outliers.

- **Maximum Allowable Cost (MAC) Pricing:** Beginning Jan. 1, 2016, drug pricing based on MAC will be subject to the regulations governing the disclosure and updating of prescription drug pricing standards. When updating MAC prices, regulations also will require Part D sponsors to disclose drug prices to applicable pharmacies prior to using those MAC prices for reimbursement purposes. CMS cautions Part D sponsors that MAC price updates must be disclosed to network pharmacies in a way that is useful in enabling them to validate prices.

- **Star Rating Changes:** CMS will add the following measure to the 2016 Star Ratings: *Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews (Part D).*

- **MTM Changes:** The 2016 MTM program annual cost threshold is $3,507.

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**NCPA Survey Finds Generic Rx Reimbursement Rates Remain a Problem:**

Below-cost reimbursements continue to hurt pharmacies and undermine patient access to generic drugs, according to a new survey of 700 NCPA members. The survey asked pharmacists to describe their experiences in this area since an earlier 2013 survey first documented the problem. Among the key findings:

- Virtually every pharmacist experienced a "large upswing" in the acquisition cost of a generic drug over the past six months, with approximately 80 percent stating that this occurred in at least 26 instances during this period.
Some 93 percent said the situation has grown worse since the 2013 survey.

The vast majority of pharmacists (87 percent) said it took one month or longer for reimbursement rates (often MACs, or "maximum allowable costs") to be updated by the insurance plan's pharmacy benefit manager (PBM) to reflect market costs. Nearly all pharmacists (92 percent) said the problem of slow MAC updates has deteriorated since 2013 and that appeals to update reimbursement benchmarks are typically denied or ignored by the PBM.

To mitigate this problem, Reps. Doug Collins (R-Ga.) and Dave Loebsack (D-Iowa) have introduced H.R. 244, the MAC Transparency Act. It would apply to Medicare Part D, the military's TRICARE program, and the Federal Employees Health Benefits Program (FEHB). It would require MAC benchmarks to be updated every seven days to better reflect market costs and allow pharmacists to know the source by which such benchmarks are set. CMS, in response to NCPA's concerns, issued a final rule in May 2014 to require price updates in Medicare Part D every seven days starting in 2016.

Supreme Court Rules that Providers Can't Sue States Over Medicaid Rates

A closely divided Supreme Court recently ruled that Medicaid providers cannot sue states to raise their reimbursement rates. The 5-to-4 decision overturned an appeals court ruling, meaning that providers must seek redress from CMS or Congress if they believe their state is not compensating them adequately for their services. The case is Armstrong v. Exceptional Child Center, and was brought by two Idaho health centers. NCPA filed an amicus brief in support of the providers. Many of NCPA's advocacy efforts are directed at CMS, aided by the NCPA Legislative/Legal Defense Fund. We continue, for example, to express our concerns over CMS' approach to implementing pharmacy reimbursement changes, such as multiple problematic draft Federal Upper Limits list. NCPA will continue to advocate at both the federal and state level for fair and equitable Medicaid pharmacy reimbursement.

NCPA Supports Medicare Medication Therapy Management Legislation

The Medication Therapy Management Empowerment Act (S. 776) is bipartisan legislation introduced in the Senate that would expand access for Medicare beneficiaries to medication therapy management (MTM) services. S. 776 would expand MTM eligibility to Medicare beneficiaries who have one chronic condition, which must include cardiovascular disease, chronic obstructive pulmonary disease, hyperlipidemia, or diabetes. NCPA supports the bill and we commend the leadership of Senators Pat Roberts (R-Kan.), Jeanne Shaheen (D-N.H.), Mark Kirk (R-Ill.) and Sherrod Brown (D-Ohio) on this legislation.

Think Your Attendance at the Legislative Conference Won't Make a Difference? Think Again.
Your presence at the **NCPA Annual Legislative Conference May 12-13** is crucial as NCPA members storm the hill and meet with their elected officials face-to-face to advocate for community pharmacy and pharmacy choice. Within a month after last year's conference, the any willing pharmacy bill picked up 17 new congressional cosponsors and the MAC transparency bill picked up five new cosponsors, no doubt thanks to that personal contact with representatives from concerned pharmacists like you. **We need your voice this year more than ever** as we push for cosponsorships and congressional support to pass any willing pharmacy legislation (H.R. 793), MAC reform legislation (H.R. 244), and pharmacist provider status legislation (S. 314/H.R. 592).

For registration and programming information, **visit the NCPA website** or call 800-544-7447. **The deadline to reserve your hotel room under the NCPA special rate has been extended to Friday, April 17, so book now.** Don't miss this chance to advocate in person to your elected officials on behalf of your business, your industry, and your patients. **Register now** and also let your peers know you're going by **RSVPing on Facebook**.

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**How to Keep Caring for Specialty Patients—New Forum Offered on June 11**

Community pharmacies across the country are re-engineering their practices and partnering with new companies to deliver the care services for specialty medications in demand by pharmaceutical manufacturers and payers. To focus on this growing trend, NCPA is hosting a Specialty Forum: Exploring the Intersection of Specialty Medications, Community Pharmacy and Patient Care on Thursday, June 11 from 9 a.m. to 4 p.m. in Alexandria, Va. At the forum, attendees will learn about various models used by community pharmacies, how they may fit into your business, and how your business may fit into the larger marketplace with manufacturers and payers. Space is limited, so **register today**.

The NCPA LTC Newsletter is sent by NCPA™, located at 100 Daingerfield Rd, Alexandria, VA 22314.