
**November 2017**

## CMS Releases Memo to State Survey Agency Directors Regarding F-Tags

The Office of Survey & Certification at the Centers for Medicare & Medicaid Services has released a new memo, "*Temporary Enforcement Delays for Certain Phase 2 F-tags and Changes to Nursing Home Compare*." Phase 2 of the Conditions for Participation will be implemented as planned on Nov. 28, 2017, but there is a moratorium on enforcement of some F-tags. CMS will provide an 18-month moratorium that includes civil money penalties, discretionary denials of payment for new admissions, and discretionary termination whether the remedy is based on one of the F-tags listed below. Deficiency findings for all other F-tags will not be included in the moratorium. Note that facilities are expected to comply with Phase 2 regulations and can be cited for noncompliance on all F-tags.

Following the implementation of the new LTC survey process on Nov. 28, 2017, CMS will hold constant the current health inspection star ratings on the Nursing Home Compare website for any surveys occurring between Nov. 28, 2017 and Nov. 27, 2018. The survey findings of facilities surveyed under the new LTC survey process will be published on NHC, but will not be incorporated into calculations for the Five-Star Quality Rating System for 12 months.

**F-tags included the moratorium are:**

- F655 (Baseline Care Plan); §483.21(a)(1)-(a)(3)
- F740 (Behavioral Health Services); §483.40
- F741 (Sufficient/Competent Direct Care/Access Staff-Behavioral Health); §483.40(a)(1)- (a)(2)
- **F758 (Psychotropic Medications) related to PRN Limitations §483.45(e)(3)-(e)(5)**
- F838 (Facility Assessment); §483.70(e)
- **F881 (Antibiotic Stewardship Program); §483.80(a)(3)**
- **F865 (QAPI Program and Plan) related to the development of the QAPI Plan; §483.75(a)(2) and,**
- F926 (Smoking Policies). §483.90(i)(5)

Questions for CMS should be directed to NHSurveyDevelopment@cms.hhs.gov.

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## NCPA Participates in Joint LTC Definition Work Group Meeting

## Sponsor Spotlight

AmerisourceBergen

AmerisourceBergen is one of the largest global pharmaceutical sourcing and distribution services companies, helping both healthcare providers and pharmaceutical & biotech manufacturers improve patient access to products & enhance patient care. Services ranging from drug distribution to reimbursement & pharmaceutical consulting services, AmerisourceBergen delivers innovative solutions across the pharmaceutical supply channel.

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Participants included representatives from SCPC, ASCP, and several long-term care pharmacy operators. The goal of the group is to create a definition of long-term care pharmacy that recognizes the enhanced services these pharmacies provide in a variety of care settings. NCPA will remain engaged in this effort to ensure our members LTC practices and the needs of their patients are addressed.


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## CMS Proposes Part D Changes, Including to Pharmacy DIR

In a 713-page proposed regulation covering an array of topics, the agency proposes to consider accounting for all pharmacy DIR at point of sale, as NCPA has recommended. CMS argues that the change would increase drug pricing transparency and lower costs for beneficiaries. The proposed regulation also attempts to address controversial PBM practices that hinder community pharmacy participation in Part D, with CMS at times citing NCPA. Find a detailed summary here. NCPA will submit comments to CMS before the Jan. 16 deadline and aggressively support key provisions.



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## Senate, House Pass Defense Authorization Bill With MAC Provision


President Trump is expected to sign the bill into law, including an NCPA-backed provision to extend to Tricare the nearly two-year-old Part D requirement that PBMs provide pharmacies more information about their compensation and update their MAC lists every seven days. NCPA thanks the leadership of Sen. Roger Wicker (R-Miss.) and Reps. Doug Collins (R-Ga.) and Austin Scott (R-Ga.), as well as Chairman John McCain (R-Ariz.), Ranking Member Jack Reed (D-R.I.), Chairman Mac Thornberry (R-Texas), and Ranking Member Adam Smith (D-Wash.).


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## NCPA Talks Need for PBM Transparency, Pharmacist Utilization


Pharmacists are poised to play a greater role helping address adherence and to better utilize the drug benefit to drive better overall health outcomes and costs, NCPA CEO Doug Hoey argued in a Washington symposium recently featuring PhRMA, PCMA, and others. The complexity of the system requires plan sponsors to use PBMs whether they like it or not, he added, as there's no PBM handbook for dummies.

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## Get Legislative and Regulatory Updates From the NCPA Advocacy Team: Webinar Dec. 7

During a Dec. 7 members forum, NCPA Advocacy Center staff will make sure you are up to date on the new Administration's impact on small business community pharmacy, NCPA's federal and state legislative priorities, and topics such as Medicare, Medicaid, Tricare, regulatory compliance deadlines, compounding, and track & trace, among others. This webinar is open to NCPA members only.

**Date:** Thursday, Dec. 7
**Time:** 2-3 p.m. ET
Register here.

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## NCPA Flags Problems With PBMs for Federal Trade Commission and Stakeholders

A daylong Federal Trade Commission workshop on the prescription drug market featured a panel on PBMs during which NCPA Vice President of Policy & Regulatory Affairs Susan Pilch discussed in detail PBM-related problems and how community pharmacists are part of the health care solution. She raised issues including "spread pricing," conflicts of interest, DIR fees, and a lack of PBM transparency as well as articulated NCPA solutions including direct-to-pharmacy contracting and better-aligned incentives that account for how greater Rx utilization can avert costlier, downstream interventions. The panel discussion repeatedly turned to questions about the rising share of brand name list prices commandeered by PBMs as rebates, which put the PBMs' representative on the defensive. For more, watch an online webcast, or peruse the panelists' slides.

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## ICYMI: Pharmacogenetic Testing Helps Identify Drug Recommendations in LTC

A study published in *Drugs Aging* investigated the potential of including pharmacogenetic testing in addition to traditional medication review measures in the LTC setting. The pharmacist completing the drug review was able to identify 38 percent more therapy recommendations for discontinuation or change based solely on the patient's genetic information. Other results are below:

- 15 patients had exclusively genetic medication recommendations based on PK, PD, or both.
- 132 total drug recommendations (45 reductions, 87 replacements).

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## Need a Contract? Check Out the LTC Division's Library

Save time and money by downloading contract templates online before having your attorney review them. As a member of the NCPA LTC Division, you have access to a repository of LTC business resources at www.ncpanet.org/ltc.



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