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AMERICAN PHARMACISTS ASSOCIATION
Improving medication use. Advancing patient care.

November 24, 2020

[Submitted electronically to www.regulations.gov]

The Honorable Seema Verma
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services (CMS)
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2022 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies – Part II (Docket Number: CMS-2020-0093)

Dear Administrator Verma:

The American Pharmacists Association (APhA) is pleased to submit our comments on the Advance Notice of Methodological Changes for Calendar Year (CY) 2022 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies – Part II (hereinafter “Call Letter”). Founded in 1852 as the American Pharmaceutical Association, APhA represents pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and the uniformed services.

APhA appreciates that CMS is providing temporary relief from paperwork, reporting, and audit requirements for health care providers and health plans, including MA and Part D plans, so they can focus on providing care to Medicare and Medicaid beneficiaries affected by COVID-19.

APhA’s members are committed to continuous quality improvement and support the development and use of meaningful measures that help patients achieve optimal health and medication outcomes. APhA thanks CMS for the opportunity to offer our comments regarding enhancements to the Star Ratings and display measures in CY 2022. APhA would like to provide feedback on the following areas included in the Call Letter:

2022 Star Ratings Improvement Measures

There are a number of measures on the Part C and Part D Star Ratings list that pharmacists can meaningfully impact. APhA offers specific comments on the following measures included in the calculation for the 2022 improvement measures in the table below, excerpted from Table IV-1: 2022 Star Ratings Improvement Measures:

<u>Part</u>	<u>Measure</u>	<u>Measure Type</u>	<u>Weight</u>	<u>Improvement Measure</u>	<u>APhA Comments</u>
C	Annual Flu Vaccine	Process Measure	1	Yes	APhA urges CMS to gather data from MA prescription drug plans (MA-PD) and Part D plans to better monitor, measure and attribute the impact different providers, including pharmacists, have on vaccination rates of Medicare beneficiaries.
C	Medication Reconciliation Post-Discharge	Process Measure	1	Yes	As CMS understands, the medication reconciliation review can be conducted by a pharmacist. APhA requests CMS clarify how the efforts of community pharmacists in delivering medication reconciliation services would be captured since the primary provider's database is the one that is used for the data in calculating this measure.
C	Care Coordination	Patients' Experience and Complaints Measure	2	Yes	Pharmacists are often the first health care provider generally responsible for coordinating medication-related

					information on patient-care teams. APhA recommends CMS add CAHPs questions attribute the coordinated care Medicare beneficiaries receive from pharmacists.
D	Getting Needed Prescription Drugs	Patients' Experience and Complaints Measure	2	Yes	APhA appreciates CMS recognizing the importance of patient access to medications. However, not only is access to the product important, patient choice and their relationship with their pharmacist is critical to optimizing the impact of prescription medications.
D	Medication Adherence for Diabetes Medications	Intermediate Outcome	3	Yes	Pharmacists working with individuals with diabetes are in a key position to assess risks for nonadherence, to develop strategies to facilitate medication taking, and to provide ongoing support and assessment of adherence at each visit. Intervention trials show the use of pharmacists

					improves adherence. ¹
D	Medication Adherence for Hypertension (RAS antagonists)	Intermediate Outcome	3	Yes	Pharmacist intervention can significantly increase disease-related knowledge, blood pressure control and medication adherence in patients with hypertension. ²
D	Medication Adherence for Cholesterol (Statins)	Intermediate Outcome	3	Yes	Studies have shown that pharmacists play a crucial role in reducing cardiovascular disease (CVD) risk by improving adherence to statins. ³
D	MTM Program Completion Rate for Comprehensive Medication Review (CMR)	Process	1	Yes	There is significant plan variability in beneficiary eligibility for MTM services. Thus, a beneficiary may qualify for MTM under one Part D plan's criteria and not under another plan, and it's not clear to providers, including pharmacists, which of their beneficiaries are

¹ Hennessey, Erin. Et. al. Medication Adherence in Patients With Type 2 Diabetes. July 5, 2019, available at:

<https://journalce.powerpak.com/ce/medicationadherenceinpatientswithtype2diabete>

² Saleem, Fahad. Et. al. Pharmacist intervention in improving hypertension-related knowledge, treatment medication adherence and health-related quality of life: a non-clinical randomized controlled trial. Health Expect. 2015 Oct; 18(5): 1270–1281. Published online 2013 Jun 20, available at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5060860/>

³ Bui, Arden. Et. al. Overcoming Barriers to Statin Adherence. US Pharm. 2019;44(6):19-22, available at: <https://www.uspharmacist.com/article/overcoming-barriers-to-statin-adherence>

					<p>eligible for MTM under a given plan. Furthermore, while eligible beneficiaries qualify for an annual comprehensive medication review, follow-up services to address problems and optimize medications vary greatly in delivery format. Accordingly, APhA strongly recommends any efforts to measure and improve MTM services address the current barriers to beneficiary access and a comprehensive MTM benefit.</p>
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Changes to Existing Star Ratings Measures for Future Years

Statin Use in Persons with Diabetes (SUPD) (Part D)

The Pharmacy Quality Alliance (PQA) clarified that the index prescription start date for the SUPD measure should occur at least 90 days prior to the end of the measurement year that will be formally released in an upcoming PQA measure manual revision. APhA supports CMS’ plans to implement the updated measure specifications for the 2021 measurement year (2023 Star Ratings).

Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (Poly-CNS)/ Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH) (Part D)

APhA supports CMS plans to implement the updated measure specifications for the 2021 measurement period for the 2023 display measures. As stated in the 2020 Advance Notice and 2020 Rate Announcement, these measures will be added to the 2021 display page (using 2019 performance data). Starting with the 2021 measurement year, per the updated PQA

specifications, beneficiaries with a seizure disorder diagnosis during the measurement year will be excluded from the Poly-CNS measure. The PQA also added serotonin-norepinephrine reuptake inhibitors (SNRIs) and antiepileptics to the measure medication list for Poly-CNS, which reflects recommendations in the 2019 AGS Beers Criteria update.⁴ Additionally, PQA excluded injectable and inhalation routes of administration from both polypharmacy measures in order to improve accuracy in estimating days' supply.

Potential New Measure Concepts for Future Years

Provider Directory Accuracy (Part C)

APhA appreciates that CMS is soliciting comments on a potential new Star Ratings measure on provider directory accuracy. For example, the measure could consider what percent of plan information is inaccurate.

It is generally recognized in the health care field and verified by industry surveys conducted by credentials verification organizations and other entities that between 20-40 percent of the time provider directories in both the private and public sector are inaccurate or out-of-date. To address this situation, credentials verification organizations are attempting to use a variety of strategies, including technological innovations, telephonic interventions, penalties, etc. Pharmacist and pharmacy-specific directories currently suffer from the same shortcomings as physician and other health provider directories with missing, inaccurate or out-of-date data. As pharmacists are being recognized in more and more states as health care providers with expanded scope and payment authority, the maintenance of accurate directories of pharmacists with accurate information is critical. However, presently pharmacists are facing challenges in effectively documenting and making their professional credentials available for use by public and private payer entities.

To address this situation, APhA, through a subsidiary entity Pharmacy Profiles LLC, has launched a nationwide platform designed to securely centralize a database of U.S. pharmacist providers and their advanced credentials. The system is designed to automate the retrieval of professional credentials information on pharmacists, verify that information, and engage pharmacists regularly to keep it up-to-date. Pharmacy Profiles works in collaboration with industry partners to effectively coordinate and share information leveraging and linking to existing databases. The Pharmacy Profiles system intends to enable pharmacists to manage all of their professional information in one place and participate as seamlessly as possible in provider directories going forward. With CMS' increasing recognition of the valuable contributions pharmacists make to improved patient care, APhA would welcome a meeting with CMS to further discuss Pharmacy Profiles and its benefits to Medicare and Medicaid.

⁴ American Geriatric Society 2019 Updated AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc. 2019 Apr;67(4):674-694, available at: <https://pubmed.ncbi.nlm.nih.gov/30693946/>

COVID-19 Vaccination (Part C)

APhA supports a potential new measure concept related to the COVID-19 vaccination for the 2023 Part C & D performance measure display page published in Fall 2022 on CMS.gov and for potential inclusion in the Star Ratings program, pending rulemaking. As you know, HHS' Office of the Assistant Secretary for Health (OASH) has authorized state-licensed pharmacists to order and administer⁵, and state-licensed or registered pharmacy interns acting under the supervision of the qualified pharmacist to administer, COVID-19 vaccinations to persons ages 3 or older, subject to certain requirements.⁶ Therefore, CMS should add a pharmacist modifier on COVID-19 vaccination administration claims and create a similar mechanism for all pharmacist-involved Medicare claims in Parts B, C, and D to provide greater visibility into the scope and outcomes of the Medicare services pharmacists currently provide.

CMS should also encourage plans to maximize the inclusion of pharmacists as in-network clinicians providing COVID-19 and other Advisory Committee on Immunization Practices (ACIP)-recommended vaccines, and cover both the vaccine and the administration of the vaccine.

CMS also plans to concurrently develop and test question(s) to add to the CAHPS survey administered in early 2022, similar to the flu vaccine. Such question(s) may ascertain whether a beneficiary received the COVID-19 vaccine during a specified timeframe (e.g., in 2021) to measure the percent of beneficiaries who received the COVID-19 vaccine. As such, APhA recommends CMS add specific provider and site-of-care to the CAHPS survey questions to gain insight into satisfaction with COVID-19 vaccines administered by pharmacists and at pharmacies.

Due to the trusting relationships between pharmacists and their patients, pharmacists have ample opportunities to advance public health through immunization advocacy. Pharmacists are important members of the immunization neighborhood, and that trust will be important in addressing vaccine hesitancy for our nation's vulnerable populations—which is an invaluable asset that should be emphasized by CMS and the health plans.

APhA agrees with CMS that health plans play an important role in helping to educate and encourage their members to get the COVID-19 vaccine. Accordingly, APhA strongly recommends CMS and health plans implement a fully-funded component for pharmacists and other accessible health care practitioners to conduct coordinated and consistent community-based education and outreach campaigns supporting recommended vaccinations. These campaigns should focus on eliminating stigma, addressing vaccine hesitancy, and improving prevention and health outcomes for high priority and vulnerable patient populations.

Thank you for the opportunity to provide comments on the draft Call Letter. We support CMS' ongoing efforts to continue to improve Medicare's prescription drug programs and look forward to continuing to work with CMS to reach that goal. If you have any questions or require

⁵ HHS. HHS Statements on Authorizing Licensed Pharmacists to Order and Administer COVID-19 Tests. April 8, 2020. <https://www.hhs.gov/about/news/2020/04/08/hhs-statements-on-authorizing-licensed-pharmacists-to-order-and-administer-covid-19-tests.html>

⁶ HHS. Trump Administration Takes Action to Expand Access to COVID-19 Vaccines. Department of Health and Human Services; September 9, 2020, available at: <https://www.hhs.gov/about/news/2020/09/09/trump-administration-takes-action-to-expand-access-to-covid-19-vaccines.html>

additional information, please contact Michael Baxter, Senior Director of Regulatory Policy, at mbaxter@aphanet.org or by phone at (202) 459-8963.

Sincerely,

A handwritten signature in cursive script that reads "Ilisa BG Bernstein".

Ilisa BG Bernstein, PharmD, JD, FAPhA
Senior Vice President, Pharmacy Practice and Government Affairs

cc: Anne Burns, Vice President, Professional Affairs