



March 1, 2024

OPEN LETTER TO PHARMACY BENEFIT MANAGER (PBM) EXECUTIVES

Dear Pharmacy Benefit Manager Executive,

As the Change Healthcare outage is now in its second week, the pharmacy community continues to be challenged and frustrated by the significant impact this has on pharmacies, pharmacy teams, and patients—from both an access to care and an economic perspective. Pharmacies are struggling or—in some cases—unable to process prescription claims, some have not received e-prescriptions for a over a week, and many cannot process manufacturer patient assistance copay cards, which patients rely on.

Despite this chaos, pharmacists are making good faith efforts to provide continuity of patient care and, in many cases, working with no or little information about a prescription’s coverage details. This is creating backlogs, workflow disruptions, and an inability to provide patient care.

Our pharmacy organizations represent pharmacists and pharmacies that need answers, information, and assurances from you, including the following:

- Please reimburse pharmacies acting in good faith to provide beneficiary access to covered prescription drugs and DMEPOS during the Change Healthcare outage. This includes paying claims that might normally have been rejected as refill too soon or normally subject to utilization management - neither of which were/are available for pharmacies that use Change Healthcare as a claims switch and for Medicare or Medicaid plans with Change Healthcare BINs. Expecting pharmacies to use a portal for eligibility verification is a huge administrative burden and lacks the precise real-time claims adjudication they are accustomed to. Further, pharmacies are also experiencing significant staffing shortages as the result of a lack of pharmacy technicians and pharmacists in many areas of the country. Manual workarounds are a near logistic impossibility in many locations and stand in the way of patients getting the medicines they need.
- PBM’s should declare a payer-recognized emergency for claims affected by the Change Healthcare outage. This would mean that once connectivity is restored early refills with fill dates during the outages (with or without NCPDP Submission Clarification Code=13, depending on payer requirements) would be paid.

- Please provide how the outage will be factored into audits. This has been a challenging time for affected pharmacies and information about the incident has been slow to come out. Pharmacies are very concerned that an audit two years down the road will take advantage of this situation, including lack of communication around expected documentation of the outage, prior authorizations not properly documented because they could not be done at the time, patient copays estimated/reconciled wrong (because they took a chance and guessed), proof of delivery logs (date of pick up may be before date the claim is adjudicated), etc. We acknowledge that your contractual obligations with plan sponsors may require that audits be conducted in a certain manner or frequency, and we are asking that you take a proactive approach to help your plan sponsors understand this extraordinary situation. Plan Sponsors should partner with your PBM to waive or substantially limit audits that include the timeframe of the Change Healthcare impact similar to a natural disaster emergency.
- If a pharmacy filled a new prescription and the patient paid out of pocket (assuming deductible phase due to first quarter timing of this incident), please provide instructions to patients for the plan to reimburse the patient.
- Concerning e-prescriptions, please exempt prescription drug event (PDE) records from the dates affected by the outage from prescriber compliance measures, and likewise instruct plans to ease audit review of prescriptions written during the outage but with e-prescription/fax prescription origin code mixup.
- Pharmacies may be estimating copays, and they should not be held accountable if the full copay was not collected at the point of sale. PBMs should adjust claims/payments accordingly, within reason. Pharmacies should not have to incur unplanned financial risk due to the Change Healthcare security breach.
- To assist pharmacies in their patient care efforts, we ask that PBMs accept/treat faxed e-prescriptions as electronic. When an e-prescription fails to fax, the origin becomes a fax and many states still require a physical, or digital, prescriber signature to be present on faxes. Pharmacies would need to document a call to providers, when required which is impractical, administratively burdensome for prescribers and pharmacies, and delays patient access to care.

Pharmacists need assurances that they will be made whole when services are restored, and patients should not lose access to their medications due to the Change Healthcare service outage. Pharmacists need guidance and assurance from your company in writing that pharmacists will not be left “holding the bag” as they work in good faith to care for patients.

It has now been well over a week that these essential prescription adjudication functions have been limited or have stopped functioning.¹ It is unclear when systems will be back to pre-outage functioning and fully recovered.

We stand ready to work with your organization to disseminate this information and coverage assurance to pharmacists as soon as possible.

Sincerely,

Michael D. Hogue, PharmD, FAPhA, FNAP, FFIP
Executive Vice President and CEO
mhogue@aphanet.org
American Pharmacists Association

B. Douglas Hoey, Pharmacist, MBA
Chief Executive Officer
doug.hoey@ncpa.org
National Community Pharmacists Association

Krystalyn K. Weaver, PharmD, JD
Executive Vice President and CEO
kweaver@nspa.us
National Alliance of State Pharmacy Associations

Chad Worz, PharmD, BCGP
Chief Executive
cworz@ascp.com
The American Society of Consultant Pharmacists (ASCP)

¹ 42 C.F.R. § 423.505(p)(2) requires that Part D sponsors have a “plan to restore essential functions within 72 hours after any of the essential functions fail or otherwise stop functioning as usual.”