March 5, 2014

The Honorable Marilyn B. Tavenner, Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-4159-P
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Contract Year 2015 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs Proposed Rule

Dear Administrator Tavenner:

The undersigned organizations write today to express our support for the Medication Therapy Management (MTM) expansion provision in the Proposed Rule and to express our thanks to CMS for recognizing the important role pharmacist-led MTM plays in improving patient outcomes. Collectively, our organizations represent over 100,000 pharmacists across the full spectrum of practice settings. Because the Proposed Rule includes changes like the MTM expansion, which is a fundamental, much-needed reform that will greatly benefit Medicare beneficiaries, we encourage CMS to move forward with this component of the Proposed Rule.

Medication-related problems have a significant detrimental impact on the U.S. health care system, and MTM services are a mechanism to improve both the quality and cost of medication-related outcomes and overall health care. Further, studies indicate that for every $1 spent on MTM services, $12 is saved—in addition to costs savings, patients also realize
significant improvements in key health measures. As such, we believe that by providing clear criteria for MTM eligibility—criteria that will allow many more Medicare beneficiaries to benefit from MTM services—CMS is taking an important step toward improving patient health in a cost-conscious manner. Variation in plans’ MTM eligibility criteria creates confusion for providers and beneficiaries alike and the simpler, consistent criteria included in the Proposed Rule creates clear eligibility parameters that should lead to more consistent utilization and, correspondingly, increased benefits to beneficiaries.

We agree with CMS that MTM must “become a cornerstone of the Medicare Prescription Drug Benefit.” However, as the representatives for pharmacists who provide MTM services on a daily basis, we wish to ensure that the MTM services are expanded in the manner most likely to result in the greatest gains for patients. Specifically, the Proposed Rule specifies targets for eligibility, but does not include parameters regarding the actual provision of MTM services.

We strongly encourage CMS to consider including criteria for services provision in the MTM expansion section of the Final Rule. CMS cited the Center for Medicare and Medicaid Innovation (CMMI) MTM study a number of times, noting that “high-performing MTM programs” leveraged “trusted relationships” between pharmacists and patients and close coordination between pharmacists and prescribers. We agree that these relationships are foundational to successful MTM programs. We urge CMS to require that MTM be pharmacist-led, meaning that to the extent possible, pharmacists interact directly with patients when providing MTM. Many plans employ a “check-the-box” approach to MTM, which allows essential MTM elements to be completed on paper by plan staff that may never have had any contact with the patient and without patient engagement of any kind. This approach might be less expensive for plans to execute, but without significant patient involvement, patient behavior is unlikely to change, and despite the expanded eligibility, results may be disappointing.

Establishing clear eligibility criteria is the first step in increasing utilization of MTM, but establishing clear guidelines regarding service provision will ensure consistent and meaningful services for Medicare beneficiaries that achieve the quality care outcomes desired by CMS. Thus, we strongly urge CMS to not only retain the MTM provisions in the Final Rule, but to further refine them by including guidelines for MTM service provision. Each of the undersigned organizations will be submitting detailed comments, including suggestions for MTM guidelines, on the Proposed Rule.

Pharmacists hope to continue working closely with CMS to identify and implement MTM best practices that will allow CMS to recognize a substantial return on its investment on pharmacist-led MTM services. On behalf of pharmacists, we again thank CMS for recognizing the value of pharmacist-led MTM services to high-quality patient care. It is a privilege to work with you to meet the needs of current and future Medicare beneficiaries.

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Sincerely,

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