

Via Email submission to: PartDBenefitImpl@cms.hhs.gov

October 30, 2009

Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Mail-Order and Excluded Provider Draft Model Documents

Dear Sir or Madam:

The National Community Pharmacists Association (NCPA) represents America's community pharmacists, including the owners of more than 22,700 independent community pharmacies, pharmacy franchises, and chains. These independent pharmacists represent an \$88 billion health-care marketplace, employ over 65,000 pharmacists, and dispense over 40% of all retail prescriptions. On behalf of our members we respectfully submit the following comments regarding the draft model documents for Part D sponsors to use when communicating with beneficiaries.

Transfers of prescriptions to mail order model letter

NCPA has strong reservations regarding wording in the letter informing beneficiaries of their rights with respect to transfers of prescriptions to mail-order. NCPA appreciates that CMS has tried to respond to beneficiary complaints of being transferred into mail order without explicit consent. NCPA respectfully disagrees that the draft letter achieves this goal. Instead, the letter does little more than allow plan sponsors to tout purported benefits of mail order and steer patients toward this option.

First and foremost, the fact that CMS has received complaints from beneficiaries that sponsors are transferring their Medicare Part D prescriptions to mail order without their consent is a very obvious concern, as this highlights the fact that plan sponsors are not abiding by requirements clearly stated in the Medicare Modernization Act regarding a level playing field between retail and mail order options for filling prescriptions.

Of additional concern is leeway that is given plans in the letter to clearly tout the purported benefits of mail order. Instead of strictly stating the facts, such as you can purchase this medication through a mail order pharmacy at a reduced co pay, the plans will be free to tout their beliefs that mail order is more convenient, is a value-added service, saves money, etc.

In order to ensure a level playing field between retail community and mail order pharmacy, NCPA requests that the letter objectively describe to beneficiaries that options to obtain a 90 day supply of medication are available not only via mail order, but via retail community pharmacy as well. NCPA also requests that plans not be allowed to promote mail order beyond stating that it is an option for consideration. As CMS has clearly stated, this model letter is to inform beneficiaries of their rights, not to steer them toward mail order without due mention of options that are available at both mail and retail.

Additionally, NCPA is requesting that the notice must be provided in writing and not by verbal means only, in order to make sure plans do not aggressively implement programs that target beneficiaries to unknowingly agree to opt in to mail order delivery.

Not only will the current draft model letter potentially steer patients to mail order against their will, research shows that inadequate utilization of medication, including waste and poor adherence, costs our health system \$290 billion annually.¹ Steps to minimize prescription drug waste include providing patients access to their preferred choice of pharmacy for acquiring prescription drugs. When patients receive their prescriptions via mail order, waste can abound. One study has demonstrated that mandatory mail order prescription drug plans create 3.3 times more prescription drug waste than plans that allow patients to choose their own pharmacy for acquiring prescription drugs.² This is often due to the fact that mail order pharmacies encourage patients to purchase medications in bulk that they may not use. It is worthy to note that even Congress realizes waste associated with unused medications in long term care settings is a problem that must be addressed in current health reform efforts. NCPA urges both Congress and CMS to also address waste associated with unused medications dispensed via mail order.

Excluded provider model letter

In regards to the model letter informing beneficiaries when the plan cannot cover further prescriptions written by excluded providers, NCPA requests that CMS continue to work with plans to ensure pharmacies are provided with consistent messaging if they have unknowingly filled prescriptions from an excluded prescriber, so they are informed along with the beneficiary. In addition, NCPA strongly supports the provision that plans not be allowed to reverse payment for claims from excluded providers that have been submitted and paid, as clearly stated in the 2010 Call Letter.

In conclusion, provider choice is a key component of the Medicare Part D program. This includes the freedom for patients to receive their medications from their trusted, local community pharmacy. NCPA urges CMS ensure that beneficiary choice is not compromised in an attempt to inform beneficiaries of their rights. NCPA appreciates the opportunity to comment on the model letters. If you have any questions, please contact me at (703) 683-8200 or john.coster@ncpanet.org.

Sincerely,



John M. Coster, Ph.D., R.Ph.
Senior Vice President, Government Affairs
National Community Pharmacists Association

¹ New England Healthcare Institute. "Thinking Outside the Pillbox: A System-Wide Approach to Improving Patient Medication Adherence for Chronic Disease." August 2009.

² Daniel Halberg, Erin Smith, and Kevin Sedlacek. "Effect of Mail-Order Pharmacy Incentives on Prescription Plan Costs", University of Arkansas for Medical Sciences College of Pharmacy, October 2000.