December 31, 2018

The Honorable Alex M. Azar, II  
Secretary  
U.S. Department of Health and Human Services  
Attention: CMS–4185–P  
P.O. Box 8013  
Baltimore, MD 21244–8013

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Attention: CMS–4185–P  
P.O. Box 8013  
Baltimore, MD 21244–8013

Submitted electronically via regulations.gov

RE: Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021 (CMS–4185–P)

Dear Secretary Azar and Administrator Verma:

Prescriptions for a Healthy America (P4HA) appreciates the opportunity to comment on the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly, Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021; Policy and Technical Changes proposed rule as published in the Federal Register (83 FR 54982) on November 1, 2018.

P4HA is a multi-stakeholder alliance representing patients, providers, pharmacies, and life science companies. We joined together to raise awareness of the growing challenges posed by medication nonadherence and to advance public policy solutions that will help reduce health care costs and improve the lives of patients across the nation. Both goals can be achieved through interventions that encourage appropriate medication adherence.

While the proposed rule addresses several issues, our comments focus exclusively on the proposal to allow prescription drug plan sponsors access to Medicare Parts A and B claims data extracts. P4HA strongly supports coordinating care and information between the medical and pharmacy settings, and we believe that granting prescription drug plans (PDPs) access to Parts A and B claims data is an important step to help identify patients at risk of medication non-adherence. Below we have provided our comments.

Proposal:

CMS proposes to implement section 50354 of the Bipartisan Budget Act of 2018 (BBA) (P.L. 115-123) by establishing a process that allows PDPs to request, beginning in plan year 2020, extracts of Medicare Parts A and B claims data about plan enrollees. The law specifies that the data should be provided on a periodic basis and in an electronic format. The language also specifies that the Secretary should aim to provide the data in a timeframe that is “as current as practicable” in order to: (i) optimize therapeutic
outcomes through improved medication use; (ii) improve care coordination so as to prevent adverse healthcare outcomes; and (iii) for any other purposes as determined by the Secretary. The BBA also establishes limitations on data use.

Purposes and Limitations on the Use of Data

P4HA agrees with the CMS proposal to permit the use of Medicare claims data to both optimize therapeutic outcomes through improved medication use and improve care coordination to prevent adverse health outcomes. We note that there may be some uses for the data outside the scope of the proposed rule. We urge CMS to retain flexibility for other uses of Parts A and B claims data, which extend beyond the scope defined in this section (§423.153) of the proposed rule, so as not to inhibit current practices.

Regarding the proposed rule on limitations for how the Medicare claims data may not be used, CMS proposes that PDPs may not use the claims data to: (i) inform coverage determinations under Part D; (ii) conduct retroactive reviews of medically accepted indications determinations; (iii) facilitate enrollment changes to a different prescription drug plan or an MA-PD plan offered by the same parent organization; and/or (iv) to inform marketing of benefits.

Some of our members have expressed concern with the binding nature of the limitations and the potential for negative impact on current practices. P4HA urges CMS to consider the broader implications of the stated limitations on current PDP practices (i.e. within ongoing CMMI models such as the enhanced MTM pilot, or during audits, etc.), and we request additional clarification.

Data Extract Content and Timing

Roughly 80 percent of older Americans have at least one chronic condition, and more than three-fourths have at least two. That makes for many doctor appointments and trips to the pharmacy counter, resulting in many medical and prescription drug claims sent to Medicare Parts A, B and D. The proposed rule provides a much-needed framework for improving the communication between the various Parts of Medicare. To this end, P4HA agrees with CMS that all Parts A and B services (i.e. hospital, physician office, skilled nursing facility data, etc.) provided to a patient should be included in the data set in order to improve care coordination and optimize medication utilization.

P4HA is very concerned with the six-month time lag that CMS proposed for releasing the claims data to PDPs. The intent of Section 50354 of the BBA is to provide data to help optimize therapeutic outcomes and prevent adverse healthcare outcomes. A six-month delay defeats this purpose. In order for the data to be actionable and assist providers and plans in improving outcomes, data should be made available as close as possible to a real-time basis. P4HA urges CMS to reconsider the proposed delay, and to adopt a timeline as close to real-time transfer of data as possible.
Conclusion

P4HA appreciates the opportunity to provide comments on this important matter. We look forward to working with you on the mission to improve care coordination and medication use within the Medicare population.

Sincerely,

Sloane Salzburg
Executive Director
Prescriptions for a Healthy America
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