

ConnectedHealthInitiative

March 16, 2024

Submitted via PartDPaymentPolicy@cms.hhs.gov

Meena Seshamani, M.D., Ph.D.
CMS Deputy Administrator and Director of the Center for Medicare
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Director Seshamani:

The Connected Health Initiative (CHI), the leading multistakeholder advocacy effort focused on creating support for the responsible creation and use of digital health innovations, writes to share recommendations on the Centers for Medicare & Medicaid Services' (CMS) February 15, 2024-released draft guidance for the Medicare Prescription Payment Plan.¹

CHI is the leading multistakeholder advocacy effort driven by a consensus of thought leaders from across the connected health ecosystem. We aim to realize an environment where Americans can improve their health through policies that allow connected health technologies to enhance health outcomes and reduce costs. Please see www.connectedhi.org.

CHI generally supports CMS' work to provide clarity on Medicare Part D plan sponsor requirements for 2025, including with respect to outreach and education requirements, pharmacy processes, and operational considerations, but remains concerned that, in implementing the Inflation Reduction Act, CMS is not enabling the maximum potential of digitally-enabled pharmacies that provide convenient and efficient home delivery that Americans across the country expect. Applying the same requirements to each pharmacy type, as CMS proposes, will hold back digitally-driven efficiencies from countless beneficiaries without benefit to them.

For example, in Section 50.3.3 ("Other Pharmacy Types"), CMS would require all pharmacies "without in-person encounters (such as mail order pharmacies)" to contact enrollees via a telephone call or their preferred contact method." Such a requirement would prevent an enrollee from using a digitally enabled pharmacy to fill a prescription using widely-relied upon digital storefront/checkout functionality, causing inconvenience and delays (in contradiction to CMS' stating that this requirement "should not...be interpreted as a requirement to delay dispensing the medication") without a public benefit tradeoff. CHI recommends that CMS resolve this issue by deleting the requirement in 50.3.3 that pharmacy types without in-person encounters (such as mail order pharmacies), Part D sponsors must require the pharmacy to notify the Part D enrollee via a telephone call or their preferred contact method. Further, CHI requests that CMS revise its guidance to clarify that digitally enabled pharmacies' "Likely to Benefit" notices need not include an in-person element, and that such notices can be provided digitally (email, web

¹ <https://www.cms.gov/files/document/medicare-prescription-payment-plan-draft-part-two-guidance.pdf>.

notification, etc. without providing a separate paper notification at a later time but before the prescription is dispensed.

As a further prime example, CMS proposals in Section 50.4 (“Readjudication of Prescription Drug Claims for New Program Participants”) lack sufficient clarity with respect to how a digitally enabled pharmacy is to handle effectively instantaneous communications between themselves, Part D plan sponsors, and beneficiaries. CHI members, and all impacted stakeholders, would benefit from certainty as to how pharmacy and Part D sponsor coordination should happen, and recognition by CMS that such communications will happen effectively live and enabled appropriate flagging of a requirement to provide a “Likely to Benefit” notice in advance of a beneficiary digitally checking out. Without such a common scenario being addressed in CMS’ guidance, digitally enabled pharmacies may be forced to unnecessarily adjudicate claims more than once. CHI therefore requests that CMS update its guidance in Section 50.4 to embrace the efficiencies of near real-time communication capabilities.

We value CMS’ collaboration and appreciate consideration of our input above. We stand ready to assist further in any way that we can.

Sincerely,



Brian Scarpelli
Executive Director

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