



Via Electronic Submission to: <http://www.regulations.gov>

December 18, 2018

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-4185-P
7500 Security Boulevard
Baltimore, MD 21224-1850

Re: [CMS-4185-P] Medicare Program; 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.

Dear Sir/Madam:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we are pleased to submit comments for the *Medicare Program; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, et al* proposed rule.

Pharmacists are users of health IT and telehealth. The Collaborative supports the use of health IT and telehealth, which are important to pharmacists for working with other health care providers to transmit patient information related to overall patient care, transitions of care, immunization (historical and administered), immunization registry reporting, medication lists, medication allergies, allergy reactions, patient problem lists, smoking status, reporting to public health agencies, clinical decision support services/knowledge artifacts, drug formulary checking, and electronic prescribing.

The Collaborative has been involved with the federal agencies, including the Office of the National Coordinator (ONC) and the Centers for Medicaid and Medicare Services (CMS), developing the national health information technology (HIT) framework since 2010.

The following are our comments regarding the requirements for Medicare Advantage Plans offering additional telehealth benefits under the Bipartisan Budget Act of 2018 provisions.

Implementing the Bipartisan Budget Act of 2018 Provisions: Requirements for Medicare Advantage Plans Offering Additional Telehealth Benefits

The Collaborative supports the use of telehealth for delivering clinical health and person-centered care and the inclusion of additional telehealth benefits for Medicare Advantage plans. The Collaborative also supports the proposed change from telehealth being a supplemental benefit to making it a basic benefit; however, there is a concern.

Although Medicare routinely pays physicians and other health care providers and practitioners (e.g., social workers, dieticians; see 42 C.F.R. §410.73 and §410.134 respectively) for several kinds of services provided via interactive communication technology, the Collaborative and its members are concerned that Medicare does not reimburse pharmacists for telehealth services provided. The reason for this is because pharmacists are not recognized as practitioners (providers) under the Medicare Telehealth Benefit of the Social Security Act, Section 1834(m) [42 C.F.R. § 410.78], and therefore, there are no Medicare payment codes for these services. Pharmacists should be included as practitioners.

Pharmacists are a part of the health care management teams providing Medicare services and are telehealth providers. Telehealth enables pharmacists to connect with established health care management teams and patients, particularly when questions arise concerning medications prescribed or changes to medications, independent of geography. In many instances, especially in rural and underserved areas where telehealth would be invaluable, pharmacists are the first point of contact by patients.

The role of pharmacists in telehealth is expanding. Among the types of telehealth services pharmacists can provide, which are clinically appropriate, and should be included in the telehealth benefit are: medication therapy management, chronic care management (e.g., diabetes, hypertension), transitions of care, pharmacogenomics, interpretation of diagnostic tests and providing test results, consultations with patients and health care providers, and ambulatory care services.

The Bipartisan Budget Act of 2018 modified and removed limitations relating to geography and patient setting for certain telehealth services. Although there may be some statutory restrictions for Medicare telehealth services, we ask the secretary and CMS to review and include pharmacists as practitioners (providers) for the Medicare Telehealth Benefit, as well as adding payment codes for those telehealth services (as noted in the previous paragraph) that pharmacists provide to Medicare patients and their health care management teams. We believe this request is consistent with the Department of Health and Human Services (HHS) report, “Reforming America’s Healthcare System Through Choice and Competition,” which states that the federal government should consider legislative and administrative proposals to allow non-physician providers (e.g., pharmacists) to be paid directly for their services. Section

1834(m) grants the secretary the authority to add to the list of allowable telehealth services. This would appear to include telehealth services provided by pharmacists, which are clinically appropriate to be provided through electronic exchange for additional telehealth benefits.

Definitions

The Collaborative suggests changing the proposed definition of “electronic exchange” from meaning “electronic information and telecommunications technology” to mean “the transmission of electronic information via telecommunications technology to provide health care remotely.” For this purpose electronic exchange is an active process (bidirectional communication) and means the giving and receiving of something of value. Adding the words “the transmission of” and “to provide health care remotely” aligns the definition with telehealth specifically and makes the definition more clear, while keeping the term broad enough, as CMS proposes, to incorporate future technological advances in telecommunications.


The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. The Collaborative’s membership is composed of the key national pharmacy associations involved in health information technology (HIT), the National Council of Prescription Drug Programs, and nine associate member encompassing e-prescribing, health information networks, transaction processing networks, pharmacy companies, system vendors, pharmaceutical manufacturers, and other organizations that support pharmacists’ services.

As the leading authority in pharmacy health information technology, the Pharmacy HIT Collaborative’s vision and mission are to ensure the U.S. health IT infrastructure better enables pharmacists to optimize person-center care. Supporting and advancing the use, usability, and interoperability of health IT by pharmacists for person-centered care, the Collaborative identifies and voices the health IT needs of pharmacists; promotes awareness of functionality and pharmacists’ use of health IT; provides resources, guidance, and support for the adoption and implementation of standards driven health IT; and guides health IT standards development to address pharmacists’ needs. For additional information, visit www.pharmacyhit.org.

On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on the *Medicare Program; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, et al* proposed rule.

For more information, contact Shelly Spiro, executive director, Pharmacy HIT Collaborative, at shelly@pharmacyhit.org.

Respectfully submitted,



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