



March 6, 2009

Abby L. Block
Director
Center for Drug and Health Plan Choice
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Re-Issuance of the 2010 Draft Call Letter and New Public Comment Period

Dear Ms. Block:

ASHP is pleased to provide comments to the Centers for Medicare & Medicaid Services (CMS) on the draft 2010 Call Letter regarding plan requirements for medication therapy management (MTM) programs. ASHP is the 35,000-member national professional association that represents pharmacists who practice in hospitals and other components of health care systems. Hospital and health-system pharmacists serve on interdisciplinary patient-care teams, ensuring that the use of medicines is safe, effective, and cost-conscious.

ASHP fully agrees with CMS that MTM must evolve and become the cornerstone of the Medicare Part D prescription drug program. Further, the Society believes that pharmacists must play an integral role in any MTM program, given their extensive training and education in pharmacology and therapeutics. ASHP is generally supportive of the proposed changes to plans' MTM programs and urges CMS to fully enforce these requirements as plans submit their bids to participate in Part D for 2010.

Enrollment

ASHP supports the use of an enrollment opt-out method and targeting beneficiaries for enrollment on a quarterly basis. Given the number of prescriptions filled by our nation's seniors and the complexity of their medication regimens, effective MTM programs that optimize therapeutic outcomes by ensuring compliance, reducing adverse events and

helping seniors make the best use of their medications is essential to maintaining the health and well being of our country's most vulnerable population. In addition, ASHP believes that effective management of medications will lead to cost avoidance in other areas of the Medicare program, such as reductions in hospital stays and readmissions due to medication-related problems.

Eligibility

ASHP also agrees that plans should be prohibited from requiring that beneficiaries have more than three chronic diseases, or that beneficiaries take more than eight drugs, to be eligible for MTM. The Society believes that these requirements are arbitrary and based on costs to the Part D drug plan rather than the medical needs of the beneficiary.

The Medicare Modernization Act of 2003 requires Part D drug plans to establish MTM programs for certain targeted beneficiaries, including beneficiaries whose annual drug costs exceed a predetermined level specified by the Secretary of Health and Human Services. To date, CMS has determined that level to be in excess of \$4,000 of annual drug costs. ASHP believes this number is arbitrary, and not based upon the medical needs of beneficiaries. While we would support eligibility based upon medical need rather than drug costs incurred, ASHP is pleased to see that CMS has lowered that threshold from \$4,000 to \$3,000, which will result in a larger number of Medicare beneficiaries eligible to receive MTM services.

MTM Services

ASHP supports the proposed requirement in the draft call letters that Part D plans must offer a minimum level of MTM services, including an annual comprehensive medication review for the beneficiary, person to person consultation, and an individualized, written summary of the interactive consultation. These requirements are essential components of MTM programs, since they promote consistency across plans and focus on live interaction with a qualified health professional, as opposed to current leaflets and refill reminders that some plans currently use as the sole components of their MTM programs.

While we are pleased to support these new requirements, ASHP urges CMS to consider taking the additional step of requiring plans to offer an annual medication review and assessment for all Medicare Part D beneficiaries, not just those who qualify for MTM. This requirement would greatly improve Medicare beneficiaries' adherence to their drug regimens and would likely reduce adverse drug events and duplicative prescribing.

Outcome Reporting

ASHP supports the requirement of Part D plans to measure and report on outcomes such as the number of medication reviews, the number of interventions, and changes in therapy resulting from MTM interactions. ASHP believes that data on outcomes is an

essential component of quality measurement that can be used to evaluate the effectiveness of Part D plan MTM programs. However, ASHP believes that overall beneficiary health should be the primary goal of MTM programs rather than utilization and cost savings. In many cases, beneficiaries with effective MTM programs who understand and comply with their medication regimens will actually avoid costlier hospital stays and procedures due to medication-related problems. While beneficiary health should be the primary goal of the programs, Part D plans would realize cost savings as beneficiary health is maintained over time.

Thank you for the opportunity to provide comments on the draft 2010 CMS call letters. ASHP and its members remain committed to providing the highest quality care available to our nation's senior citizens, and we look forward to working with CMS to ensure that Medicare beneficiaries continue to receive the care they need. Feel free to contact me if you have any questions regarding our comments. I can be reached by telephone at 301-664-8702, or by e-mail at jcoffey@ashp.org.

Sincerely,

A handwritten signature in cursive script that reads "Justine Coffey".

Justine Coffey, JD, LLM