

UPDATE

WHAT YOU NEED TO KNOW: MEDICARE PART D DRUG PLAN POLICY CHANGES FOR 2017

An educational series from TriNet Third Party Network: Part 5

Every year, the Centers for Medicare & Medicaid Services (CMS) update its policies for Medicare Part D plans.

CMS announces these changes in its annual Rate Announcement and Call Letter. (Better known as its Call Letter.) The policy update includes multiple provisions independent community pharmacists will want to note for the 2017 calendar year.

Here's a breakdown of key provisions you'll want to know for Medicare Part D in 2017, as identified by The National Community Pharmacists Association (NCPA).

Opioid overutilization edit requirements will expand to all plans

For 2017, CMS expects plan sponsors to implement either a soft edit or a hard edit. Plan sponsors may also use both soft and hard edits as originally proposed in the draft Call Letter, and work toward a hard edit at a minimum in 2018 using reasonable controls to limit false positives. CMS will review 2016 and 2017 experience with these edits to inform content in the 2018 Call Letter.

Specialty drug cost threshold will increase

Since the program's inception, CMS has used a cost threshold of \$600 per month to identify "specialty" drugs. CMS will increase the threshold to \$670 per month for 2017. CMS may or may not increase the threshold on an annual basis moving forward.

CMS will allow a new "non-preferred" drug tier

CMS will allow plan sponsors to incorporate a "non-preferred" tier option in 2017 that allows for a combination of both branded and generic drugs. CMS is encouraging plans to use co-insurance for the non-preferred tier to protect beneficiaries taking lower-cost generic medications. Sponsors will not be allowed to have both a "non-preferred" and "non-preferred brand" tier.

Plan sponsors can designate drugs for partial extended supply fill

Plan sponsors will have the option to designate specific drugs where only a one-month supply will be covered for the initial fill, rather than a two or three-month extended supply. Patients will not be required to obtain a new prescription to convert into an extended days' supply.

Changes to Medication Therapy Management (MTM)

The 2017 Medication Therapy Management (MTM) program annual cost threshold is \$3,919. The current MTM requirements are waived for plans approved to participate in the Enhanced MTM Model that begins in 2017.

Establishing mail order protocols for urgent need fills

CMS has received beneficiary complaints about mail order pharmacies indicating that they will rush ship an urgently-needed order, but the order does not arrive when promised or at all. This potentially results in gaps in therapy.

To protect beneficiaries from inconsistent or unreliable practices that may jeopardize timely access to medications, CMS expects plan sponsors to have protocols set in place to address how to handle urgently-needed medication requests from beneficiaries by 2017, if not sooner.

CMS also expects plan sponsors to clearly communicate this to their beneficiaries. CMS will continue to monitor complaints for issues related to mail order or access to urgently-needed medications.

Changes to the 2017 Star Ratings and beyond

CMS will implement additional data integrity checks to safeguard against inappropriate attempts to bias data used for the MTM Program Completion Rate for Comprehensive Medication Reviews (CMR) measure for Medicare Part D.

CMS delayed the timeline for removing the High Risk Medication (HRM) Medicare Part D measure from the Star Ratings from 2017 to 2018 due to increased concerns over the measurement period.

Medication Reconciliation Post Discharge (MRP) for Medicare Part C and Statin Use in Persons with Diabetes (SUPD) for Medicare Part D will be added to the display measures in 2017.

Additionally, CMS is considering Use of Opioids from Multiple Providers or at High Dosage in Persons without Cancer for Medicare Part D and Antipsychotic Use in Persons with Dementia (APD) for Medicare Part D for the Star Ratings or display measures for 2018 and beyond.

Access to Preferred Cost-Sharing Pharmacies (PCSPs)

CMS believes the current policy is increasing access to PCSPs, so it does not plan to make any significant changes for 2017.

Specifically, CMS will not change the outlier thresholds for 2017 to reflect the higher access levels achieved for 2016. It will continue to publish information about PCSP access levels annually on the CMS website (cms.gov).

Based on recommendations from NCPA, CMS will also explore the feasibility of incorporating this information into the Medicare Plan Finder in the future. Plan sponsors that fail to include required marketing disclosure language and those who do not meet the terms of bid negotiation agreements will be subject to compliance and enforcement actions.

The full Medicare Part D 2017 educational series is available online on the TriNet section of pbahealth.com