VIA Electronic Submission

September 2, 2014

Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Subject: Preparation for 2015 Exchange Plan Year

Dear Administrator Tavenner:

On behalf of the National Association of Chain Drugs Stores (NACDS) and our members, we are writing to recommend administrative changes to facilitate a smooth start for new exchange enrollees seeking prescription drug coverage in the 2015 plan year. More specifically, we recommend that exchange call centers remain open on all federal and state holidays during the December/January period, that exchange plan beneficiary eligibility files are updated on a nightly basis, and that functionality is implemented to allow pharmacists to use one-time overrides in the month of January where they have difficulty adjudicating claims for new exchange enrollees.

NACDS represents traditional drug stores and supermarkets and mass merchants with pharmacies. Chains operate more than 40,000 pharmacies, and NACDS' 125 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ more than 3.8 million individuals, including 175,000 pharmacists. They fill over 2.7 billion prescriptions yearly, and help patients use medicine correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 800 supplier partners and nearly 40 international members representing 13 countries.

First, as to the call centers, there were concerns in 2014 that some of the state run call centers might not have been open on holidays, such as Christmas Day and New Year's Day. To meet beneficiary needs, we believe that all call centers should be open throughout the holiday season, especially New Year's Day. The first few days of coverage during a new plan year are the days in which confusion and transitional problems are most likely to occur. Accordingly, to help beneficiaries have a more positive experience, state run call centers should be accessible to patients and pharmacists on state and federal holidays for beneficiaries that are experiencing difficulty using their prescription benefits for the first time in January 2015.

Second, as in 2014, we remain concerned that patients may visit their pharmacy in January, shortly after enrolling in a plan, only to find that their coverage is not yet active. Such scenarios are most likely to occur as a result of the failure of plans to provide nightly updates to the patient eligibility files. To provide for a smooth transition from coverage to care at the start of the 2015 plan year, we request that CMS require plans to provide nightly updates to patient eligibility files.

Finally, at the start of a plan year, there often can be confusion concerning coverage for specific medications for new plan enrollees. Difficulties in adjudicating such drug claims can lead to continuity of care problems as patients are delayed or denied access to the medications they need. To promote continuity of care and avoid potential costly repercussions from patients not having access to the medications they need, we request that CMS allow pharmacies one-time overrides of prescription drug claim denials during the month of January 2015. CMS should further make clear that the plans have the responsibility for paying for the overridden claim once the claim is approved. This will provide patients with access to the drugs that they need while they work through coverage issues with their insurer, or work with their prescriber to find a substitute covered medication.

We thank CMS for your attention to our concerns, and we look forward to assisting CMS in smoothly implementing the 2015 exchange drug benefit. We welcome any questions or concerns that you may have.

Sincerely,

Steven C. Anderson, IOM, CAE
President & Chief Executive Officer