

Congress of the United States
Washington, DC 20515

December 18, 2015

The Honorable Sylvia Mathews Burwell
Secretary
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Re: Center for Medicare and Medicaid Innovation – Enhanced Medication Therapy Management Models

Dear Secretary Burwell:

We are writing to express our support for the Centers for Medicare and Medicaid Services (CMS) and Center for Medicare and Medicaid Innovation (CMMI) in their pursuit of alternative approaches for improving the Medicare Part D Medication Therapy Management (MTM) Program. We believe the testing of enhanced MTM models may yield a better alignment of incentives for all participants in the program, including Part D prescription drug plans (PDPs), prescribers, pharmacies, and CMS alike.

Medication management and adherence are vital for seniors in the Medicare program, particularly those with multiple chronic conditions. Poor medication adherence costs the nation approximately \$290 billion annually – 13% of total healthcare expenditures – and results in avoidable and costly health complications. Beneficiaries with multiple chronic conditions account for two-thirds of all hospital admissions and are 100 times more likely to have a preventable hospitalization. They also see a greater number of different physicians and they receive on average approximately 50 different prescriptions a year. In other words, beneficiaries with multiple chronic conditions would most benefit from assistance managing their medications and avoiding unnecessary medical complications. Despite the importance of prescription drug adherence, medication management services are poorly integrated into existing healthcare systems.

The MTM program has experienced lower than expected enrollment and utilization since it began in 2006. CMS has acknowledged the lower than expected results and has made changes over the years to increase the number of beneficiaries eligible for the program. However, these changes have not achieved CMS's goals. More impactful revisions are needed to improve access to the Part D MTM program.

We believe the proposed enhanced MTM model to be a positive step forward in improving the Part D MTM program. However, we also believe that without participation of retail community pharmacists, the testing of enhanced MTM models will fall short of achieving the maximum

potential in terms of positive outcomes and impact on beneficiary health. Therefore, we are writing today to encourage CMS and CMMI to take steps to ensure that retail community pharmacists are incorporated into the enhanced MTM models to be tested. MTM provided by retail pharmacists improves patient health, reduces healthcare costs through lower hospitalizations and readmissions, and allows beneficiaries to be more involved in their medication management.

While CMMI did note the importance of pharmacists in its announcement of the enhanced MTM model, it is vital that CMMI continue to recognize the importance of pharmacists as it begins to enter into partnerships with plans. CMMI should work with plans proposing to utilize retail community pharmacies in their enhanced models. Our seniors deserve the most robust and effective MTM program possible, one that includes the utilization the most trained and highly skilled providers of medication management services, local retail community pharmacists.

Sincerely,



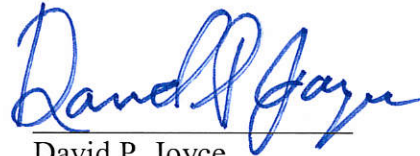
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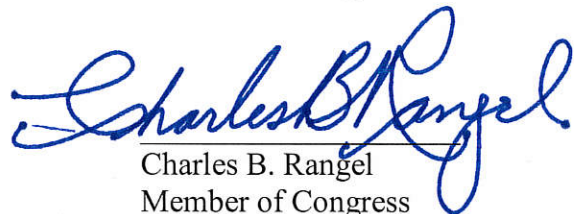
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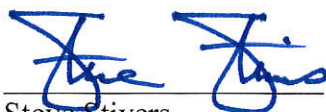
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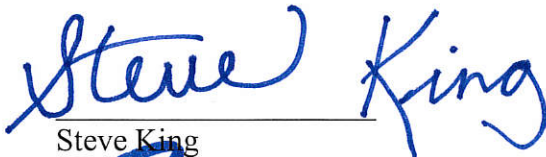
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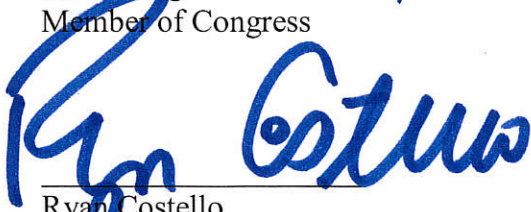
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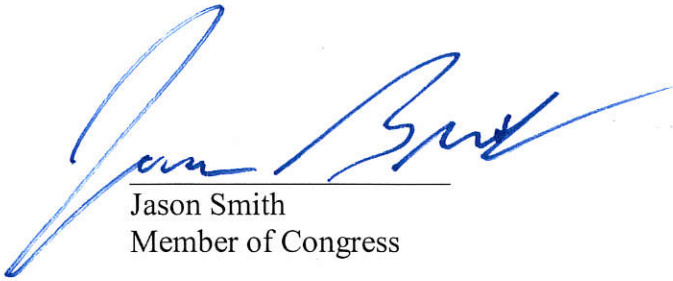
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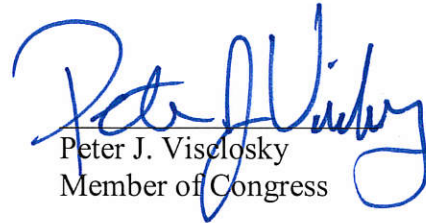
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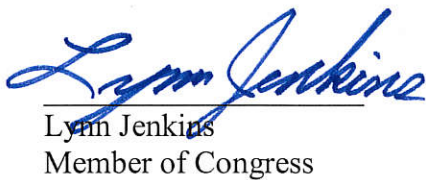
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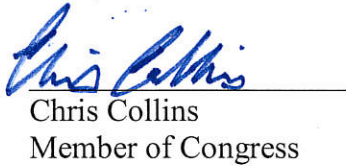
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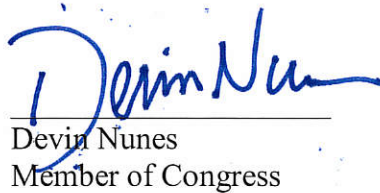
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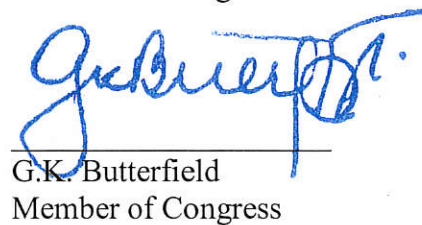
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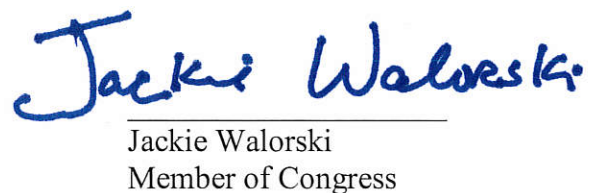
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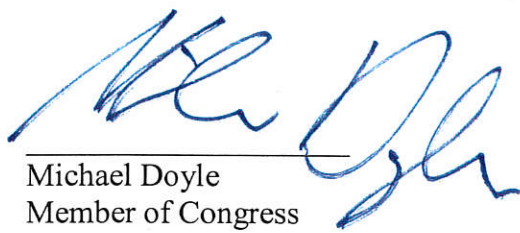
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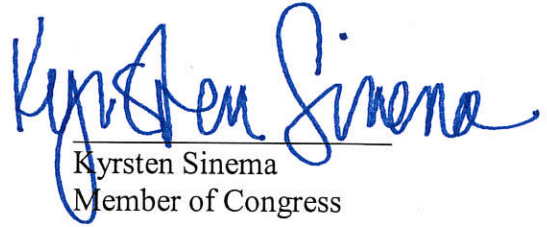
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