



AMERICAN BENEFITS
COUNCIL

May 16, 2013

Submitted by e-mail to AdvanceNotice2014@cms.hhs.gov

Mr. Jonathan Blum
Director, Center for Medicare
Center for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244-8016

RE: Request for Comments Regarding the Draft CY 2014 Call Letter

Dear Mr. Blum:

I write on behalf of the American Benefits Council (“Council”) to provide comment in connection with the “Advance Notice of Methodological Changes for Calendar Year (CY) 2014 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2014 Call Letter,” published February 15, 2013. Our comments relate solely to the proposal that Part D sponsors should require their network retail and mail pharmacies to obtain patient consent to deliver new or refill prescriptions prior to each delivery.

The Council is a public policy organization representing principally Fortune 500 companies and other organizations that assist employers of all sizes in providing benefits to employees. Collectively, the Council’s members either sponsor directly or provide services to health and retirement plans that cover more than 100 million Americans. Our members also include employer sponsors of retiree prescription drug plans and Employer Group Waiver Plans (EGWPs) where automatic prescription refill programs are widely used to help keep these valuable benefits more affordable and provide many other important benefits to both Medicare and its beneficiaries.

We share your concerns that inappropriately designed automatic refill programs may result in unnecessary waste and additional costs for beneficiaries and the Part D

program. We also recognize that properly structured automatic refill programs have many positive attributes, including greater convenience to beneficiaries and improved medication adherence. Consequently, we would urge that you carefully consider the potential for unintended consequences to the many beneficial features of automatic refill programs if plans are required to obtain consent prior to the delivery of each new or refill prescription.

An alternative approach that strengthens protections for both Medicare beneficiaries and the Part D program would be to develop balanced, workable guidelines that require affirmative written or electronic consent when patients opt in to an automatic refill program and the opportunity for beneficiaries to opt out of an automatic refill program entirely or for any particular medication. We are confident that a properly structured set of guidelines with these features would address concerns that have been raised with some inappropriately-designed automatic refill programs without compromising the ability of well-designed programs to operate efficiently and serve the needs of Medicare beneficiaries.

We understand that the Pharmaceutical Care Management Association (PCMA) has already provided you with recommended guidelines to address concerns that were raised in the draft CY 2014 Call Letter and we urge that these recommendations be given serious consideration. We also recommend that further outreach be made to Part D sponsors, network retail and mail pharmacies, and other stakeholders before guidelines are finalized so that a workable approach is adopted that minimizes disruption to properly structured automatic refill programs.

We appreciate this opportunity to share our views with you on these important issues.

Sincerely,

A handwritten signature in black ink that reads "Paul W. Dennett". The signature is written in a cursive style with a large initial "P" and a stylized "D".

Paul W. Dennett
Senior Vice President,
Health Policy