

November 14, 2019

The Honorable Seema Verma  
Administrator, Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Re: 2021 Medicare Part D Call Letter

Dear Ms. Verma:

As CMS works to complete and issue the 2021 Advance Notice and Draft Call Letter for the Medicare Part D program, we urge you to include in the Draft Call Letter provisions for the use of standardized pharmacy performance measures.

Through our ongoing dialogue with CMS, it is clear the administration understands the role pharmacy performance measures can play in improving beneficiary health and lowering the total cost of care. Specifically, the administration has recognized this role via CMS' request for information on standardized quality measures in the proposed rule titled *Modernizing Part D and Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses*, CMS 4180-P, 83 Fed. Reg. 62,152 (Nov. 30, 2018). In addition to promoting quality healthcare, standardized performance measures will help reduce patient and program costs by ensuring that plan sponsors and pharmacies are motivated to move in the same direction to meet and exceed performance measures identified by HHS.

With the implementation of a standard set of performance measures, community and specialty pharmacies could undertake an even more substantial role to improve medication optimization, facilitate care coordination, reduce medical errors, advance population health, and empower and motivate beneficiaries to achieve better health outcomes. Pharmacies and their professional associations have been working with broader stakeholder groups, including work on measures that may be operational to be utilized in Plan Year 2021 via the on-going efforts of the Pharmacy Quality Alliance, to identify appropriate pharmacy-level performance measures. A standard pharmacy performance metric system must be stood up that allows for managed stakeholder input and oversight and engagement by CMS.

Measures should be based on pharmacy-specific, proven and achievable criteria, and must consider the drugs dispensed, and the disease states being managed. Instituting a transparent and consensus-driven process with a fair system for measure validation will

ensure that outcomes driven measures are paramount in the pharmacy metric-based system.

These efforts should also identify clinically meaningful measures that can be utilized in value-based pharmacy programs. The use of more clinically advanced pharmacy performance measures would promote value and encourage program innovation, while making sure the cost of a Part D drug is uncoupled from the value associated with its use. For these reasons we urge you to include in the Draft Call Letter provisions for the use of standardized pharmacy performance measures by plan sponsors and MA-PD plans, as well as to consider similar provisions in the future for other CMS programs.

We are committed to partnering with CMS, patients, and other healthcare providers to improve the quality and affordability of health care services. We urge no further delay in the implementation of standardized pharmacy performance measures. We appreciate your consideration of our request. We will follow up with your office.

Sincerely,

American Pharmacists Association  
National Association of Chain Drug Stores  
National Association of Specialty Pharmacy  
National Community Pharmacists Association