

## Medicare Information for Pharmacists: April 2, 2008

### **CMS Releases Part D E-Prescribing Final Rule...**

CMS released the Part D electronic prescribing final rule today, establishing Part D e-prescribing standards for four types of information. The standards adopted under the rule will apply to all Part D sponsors, as well as to prescribers and dispensers that electronically transmit prescriptions and prescription-related information about Part D covered drugs prescribed for Part D eligible individuals. The rule adopts four standards for use in e-prescribing:

- *Formulary and benefits:* Allows prescribers to communicate with Part D sponsors about which drugs are covered by the patient's prescription drug benefit plan. Prescribers can also learn which generic prescription drugs might offer lower-cost options for the individual.
- *Medication history:* Allows providers, dispensers and Part D sponsors to communicate among themselves about prescribed medications a beneficiary has taken or is taking, including those prescribed by other providers. This information can help reduce the number of adverse drug events and can help ensure that the prescriber has the necessary information about a beneficiary's current prescription medications.
- *Fill status notification:* Allows providers to receive an e-mail notice from dispensers telling them that a patient's prescription has been picked up, not picked up, or has been partially filled. These notifications can help health care providers monitor patients with chronic conditions by providing an indicator as to whether they are taking their medicines.
- *Provider identifier:* Requires providers, dispensers, and Part D sponsors to use the National Provider Identifier (NPI) to identify individual health care providers in Part D e-prescribing transactions. Adoption of the NPI will speed workflows by eliminating call-backs by pharmacies to medical offices to verify the identity of individual prescribers.

The new Part D e-prescribing standards, which will be effective on April 1, 2009, supplement a set of "foundation" standards which took effect with the start of Part D on January 1, 2006. For more information, please see the CMS Press Release

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=3025&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C+2%2C+3%2C+4%2C+5&intPage=&showAll=&pYear=&year=&desc=&cb>

or visit the CMS [E-Prescribing](http://www.cms.hhs.gov/EPrescribing/) website,

<http://www.cms.hhs.gov/EPrescribing/>

where the final rule on Part D e-prescribing standards (CMS-0016-F/CMS-0018-F) and the earlier final rule establishing e-prescribing foundation standards (CMS-0011-F) will be available.

### **CMS to host Audio Conference Regarding DMEPOS Supplier Accreditation...**

CMS will host the second in a series of four audio conferences designed to provide accreditation guidance to suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) on April 17, 2008 from 1:00 to 2:30 EDT. We will be discussing compliance with the DMEPOS Quality Standards and the accreditation process, and will provide ample time to answer questions from the supplier audience. Presentation materials are available now.

<http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/DMEPOSAccreditationPresentation.pdf>

Registration for the call is required; however, please note that if you are planning to sit in with a group, only one person should register to receive the call-in data. Registration will close at 1:00 p.m. EDT on April 16, 2008, or when available space has been filled. No exceptions will be made, so please be sure to register prior to this time. Participants should visit the registration website, fill

in all required data, verify your time zone is displayed correctly and click "Register."  
<http://www2.eventsvc.com/palmettogba/041708>

For those of you who will be unable to attend, a replay option will be available shortly following the end of the call. This replay will be accessible from 2:30 p.m. EDT 4/17/2008 until 11:59 p.m. EDT 4/24/2008. The call in data for the replay is (800) 642-1687 and the passcode is 39283514.

### **CMS Acts to Reduce the Number of Yearly Drug Plan Reassignments for Low-Income Beneficiaries...**

CMS has issued a final regulation that could allow nearly one million Medicare beneficiaries with limited income and resources to remain in the Medicare prescription drug plan in which they are enrolled without having to pay a premium.

Under the final rule, the regional LIS benchmarks will be weighted based on each plan's share of enrollees receiving the low-income subsidy, rather than their share of total Part D enrollment. This means plans with a greater number of low-income subsidy enrollees will be a larger factor when CMS calculates the benchmark. This will help to ensure that the premium subsidy amount better reflects the plans that low-income subsidy beneficiaries are enrolled in and will result in fewer LIS beneficiaries seeing their drug coverage disrupted by having to change prescription drug plans in order to avoid paying a premium. The final rule is effective May 31, 2008.

<http://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/CMS4133F.pdf>

For more information, please also see the CMS press release.

<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=3020&intNumPerPage=10&checkDate=&checkKey=&srchType=1&numDays=3500&srchOpt=0&srchData=&srchOpt=0&srchData=&keywordType=All&chkNewsType=1%2C+2%2C+3%2C+4%2C+5&intPage=&showAll=&pYear=&year=&desc=&cb>

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