

July 7, 2020

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-5531-IFC

Dear Administrator Verma:

On behalf of the College of Psychiatric and Neurologic Pharmacists (CPNP), we appreciate the opportunity to provide feedback on the Centers for Medicare and Medicaid Services' (CMS) Interim Final Rule with comment period [CMS-5531-FC], *Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting requirements of the Skilled Nursing Facility Quality Reporting Program*.

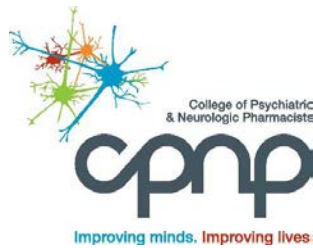
CPNP is a professional association of more than 2,300 members who envision a world where all individuals living with mental illness, including those with substance use and neurologic disorders, receive safe, appropriate, and effective treatment. Most members are specialty pharmacists and Board Certified Psychiatric Pharmacists (BCPPs) who specialize in psychiatry, substance use disorder, psychopharmacology, and neurology.

Pharmacists today graduate with a Doctor of Pharmacy degree, a required six to eight years of higher education to complete, and have more training specific to medication use than any other healthcare professional. Psychiatric pharmacists, a specialty within clinical pharmacy, are primarily board certified and residency-trained mental healthcare practitioners who have specialized training in providing direct patient care and medication management for the complete range of psychiatric and substance use disorders. Psychiatric pharmacists work as treatment team members but also in decision-making and leadership roles in state and federal organizations, academia, and industry.

Telemedicine Provisions

CPNP appreciates CMS' quick and effective actions in reducing previous telehealth restrictions in federally funded and subsidized health programs to meet access and treatment needs in the

www.cpnpp.org ■ info@cpnp.org
402-476-1677 (phone)
888-551-7617 (fax)

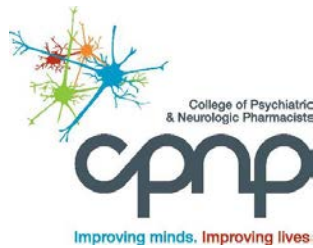


ongoing COVID-19 pandemic. The interim final rule with comment period (IFC) further expands Medicare coverage for telehealth for the duration of the coronavirus public health emergency, of which the following are most relevant to our membership:

- Waiving limitations on the types of practitioners that can furnish Medicare telehealth services to include all practitioners eligible to bill Medicare for professional services, including physical therapists, occupational therapists, and speech language pathologists, etc. Newly eligible providers must still comply with applicable state practice and licensure requirements.
- Waiving the interactive audio-video requirement for certain telehealth evaluation and management services – enabling providers to bill Medicare for certain services delivered by audio-only phones. As a result, Medicare beneficiaries will be able to use an audio-only telephone to access these services.
- Updating the list of eligible codes on the Medicare telehealth services list and clearly marked which codes are eligible for audio-only.
- Add new telehealth services on a sub-regulatory basis, rather than through annual rulemaking, considering requests on a rolling basis.
- Recognizing the need to better support audio-only telephone services by increasing payments for telephone visits to match payments for office and outpatient visits.
- Including add-on payments for performing periodic assessments of treatments and services in the bundled payment program for opioid treatment plans. Assessments can now be performed either by two-way audio/video technology, or by audio only.

These telehealth flexibilities have facilitated access to behavioral health providers, including psychiatric pharmacists, to ensure the continuation or initiation of patient care. Despite the social distancing measures that have needed to be put in place during the pandemic, some behavioral health providers have been able to maintain contact, communications, and therapeutic activities with their patients via landlines, smartphones, and computer-based applications. However, barriers in access to psychiatric pharmacists still exist because the requirement for direct supervision by a physician has not been relaxed. CPNP appreciates the flexibility for audio only services, which are especially important in rural areas where beneficiaries may have limited access to adequate broadband or cellular network coverage sufficient to allow for video visits.

With their specialized training in pharmacology, pharmacokinetics, and drug-drug and drug-disease interactions, psychiatric pharmacists partner with primary care providers, psychiatrists, and other health care professionals as a member of the health care team treating individuals living with mental health and substance use disorders (SUDs). Their training and skill enable them to:



- Start or stop medications or modify dosing under collaborative agreements.
- Make recommendations on initial prescribing and dosing.
- Identify and resolve medication-related problems.
- Expand the number of patients who can be treated by providing medication management and counseling, monitoring, and routine follow-up visits health, including medication assisted treatment (MAT) for SUDs.
- Promote preventive health care, medication adherence, and lifestyle modification.

Value provided by psychiatric pharmacists includes improvements in patient symptoms, increased medication adherence rates, increased patient satisfaction, and the potential to reduce health care costs.

Recommendations

Unfortunately, lack of reimbursement continues to stand in the way of many practices seeking to include a psychiatric pharmacist on the care team and as part of their provision of telehealth services. Medicare does not recognize clinical psychiatric pharmacists as providers and as such will not reimburse health care systems or providers who employ them for their services. In many states, this means that they also are not recognized by private insurers or Medicaid, and many health systems and providers are reluctant to add psychiatric pharmacists to their teams without the ability to be reimbursed for the services that they provided. This is to the detriment of those health systems successfully employing psychiatric pharmacists to reach rural patients in particular. With the increase in stressors related to COVID-19 there has been an increased demand for psychiatric services in which psychiatric pharmacists could help fill that gap if there was payment for their services.

In order to expand the use of psychiatric pharmacists and to ensure they are included as part of the care team, CPNP recommends allowing psychiatric pharmacists to directly bill for their services provided to Medicare enrollees. At present, services provided by psychiatric pharmacists are billed incident to a supervising physician. However, despite psychiatric pharmacists' evaluations and documentation often meeting the criteria for higher-level visits, their services are often not reimbursed above a level one visit. CPNP requests that CMS clarify the ability for an eligible practitioner to bill for pharmacists' services at any level including levels 2-5, provided that the service provided is within the pharmacist's state scope of practice and meets all other billing requirements. Until billing and reimbursement are addressed, health care systems and providers who want to employ psychiatric pharmacists will have little incentive to bring them on-board.



Again, CPNP appreciates the leadership CMS has provided in implementing telehealth flexibilities during the pandemic. We hope we can partner with the agency in making these flexibilities permanent when the emergency has passed. It is clear that the trauma resulting from the social distancing measures taken to shorten the duration of the pandemic, and the pandemic itself, will leave Americans in need of continued and/or enhanced behavioral health services and that need will not end when the pandemic emergency is declared over.

In closing, psychiatric pharmacists are a vital resource that should be recognized and utilized in the multidisciplinary approach to addressing the need for an affordable, accessible healthcare system. If you have any questions or require any additional information, please do not hesitate to contact me or our Health Policy Consultant, Laura Hanen at laura.hanen@faegredrinker.com.

Sincerely,

A handwritten signature in black ink, reading 'Brenda Schimenti', is positioned below the word 'Sincerely,'.

Brenda K. Schimenti
Executive Director