



Submitted July 12, 2023 electronically to:

Kimberly Spalding-Bush, Director
Program Alignment Group
Center for Medicare and Medicaid Services

RE: Refunds of Excess Cost Sharing

Dear Ms. Spalding-Bush,

The National Council for Prescription Drug Programs (NCPDP) is a not-for-profit American National Standards Institute (ANSI) Accredited Standards Developer (ASD) consisting of more than 1,500 members representing entities including, but not limited to, claims processors, data management and analysis vendors, federal and state government agencies, insurers, intermediaries, pharmaceutical manufacturers, pharmacies, pharmacy benefit managers, professional services organizations, software and system vendors and other parties interested in electronic standardization within the pharmacy services sector of the healthcare industry. NCPDP provides a forum wherein our diverse membership can develop business solutions, including ANSI-accredited standards and guidance for promoting information exchanges related to medications, supplies and services within the healthcare system.

For over 40 years, NCPDP has been committed to furthering the electronic exchange of information between healthcare stakeholders. The NCPDP Telecommunication Standard is the standard used for eligibility, claims processing, reporting and other functions in the pharmacy services industry as named in Health Insurance Portability and Accountability ACT (HIPAA). The NCPDP SCRIPT Standard and the Formulary and Benefit Standard are the standards in use in electronic prescribing as named in Medicare Modernization ACT (MMA).

NCPDP submits the following comments in response to *Refunds of Excess Cost Sharing*, released April 17, 2023.

Stakeholders have concerns with the *Refunds of Excess Cost Sharing* guidance for the following reasons:

- Medicare plans are unable to reconcile with Medicaid plans due to the following gaps with other health insurance (OHI):
 - Medicare plans do not have visibility to the Medicaid or Part B OHI
 - Unlike Medicare Part D, OHI for Medicare Part B is not captured and provided to plans by CMS; therefore, plans do not know which Medicaid plan may need reimbursement.
 - Unlike Medicare Part D, Medicare plans do not receive Information Reporting (Nx) transactions for Medicare Part B claims that provide information regarding supplemental payers that paid on behalf of the beneficiary. Medicare plans do not have the information needed to know whether a supplemental payer actually paid on a beneficiary's behalf.
 - Medicare AB2D data is not applicable, as the AB2D database is for prescription drug plans (PDP) who want to access A/B data and is not helpful in this case.
 - There are additional complications due to the various Medicaid billing arrangements. Some Medicaid plans may process claims under the medical billing system rather than the pharmacy system. It may also be the responsibility of a Managed Care Organization (MCO)

vs. the Fee for Service (FFS) program. These variations make prescription billing a challenge and would carry over into any cost sharing arrangements.

- Medicare plans are unable to reconcile with Medicaid plans due to the following gap with real-time coordination of benefits (COB) transactions:
 - Medicare plans have no visibility to Medicaid COB transactions and, without Nx reporting, the Medicare plan does not know the dollar amount a Medicaid plan may need to be reimbursed.
- There are situations where a COB transaction does not occur because the provider is unable to bill Medicaid. The provider simply zeroes out the copay and does not collect an out-of-pocket cost from the beneficiary. In those cases, no reimbursement would be due to Medicaid and, instead, the provider would need reimbursement.
 - There are various reasons why a provider is unable to bill the Medicaid program:
 - The Medicaid provider enrollment requirements may prevent the pharmacy from billing Medicaid. (For example, the pharmacy may not have a Medicaid ID.)
 - The pharmacy does not know which Medicaid to bill due to OHI not being provided on the Medicare claim billing response.

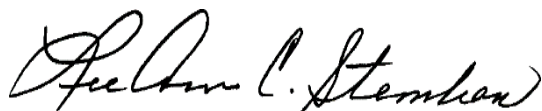
NCPDP recommends extensive COB-OHI reporting transaction gaps outlined above be closed for Medicaid reimbursement to occur.

NCPDP thanks CMS for the opportunity to comment on the *Refunds of Excess Cost Sharing* and for the consideration of our comments. NCPDP looks forward to continuing our work with CMS.

For direct inquiries or questions related to this letter, please contact:

Alaina Clark
Standards Specialist
NCPDP
standards@ncdp.org

Respectfully,



Lee Ann C. Stember
President & CEO
National Council for Prescription Drug Programs (NCPDP)