

March 11, 2023

The Centers for Medicaid and Medicare Services (CMS) issued a memo on November 7, 2022 entitled, "Inflation Reduction Act Changes to Cost Sharing for Part B Drugs for Contract Year 2023 Medicare Advantage and Section 1876 Cost Plans" Care N' Care would like to provide you with an update of the status of changes scheduled for implementation April 1, 2023 and July 1, 2023.

Background:

CMS is providing Medicare Advantage Organizations with guidance on the beneficiary cost sharing protections under section 11101 (Part B drugs with prices increasing faster than inflation) and section 11407 (Monthly cost-sharing cap for insulin furnished under Part B benefit) of the Inflation Reduction Act (IRA, P.L. 117-169), enacted on August 16, 2022.

The cost sharing changes become effective on April 1, 2023 for Part B drugs with prices increasing faster than inflation (referred to as the Part B Rebatable Drug Coinsurance Adjustment) and July 1, 2023 for the monthly cost-sharing cap for insulins furnished under Part B (referred to as the Part B Insulin Cost Sharing Cap). Insulins furnished under Part B are those that are given through an item of durable medical equipment (i.e., a medically necessary traditional insulin pump).

IRA Section 11101: Part B Rebatable Drug Coinsurance Adjustment:

Requirement (Effective April 1, 2023):

Beginning on April 1, 2023, enrollees may pay less than the normal coinsurance for some Part B prescription drugs. Per the Inflation Reduction Act, the coinsurance will be reduced, if the drug's price has increased at a rate faster than the rate of inflation. CMS will identify and publish a list of these Part B prescription drugs every quarter with the updated coinsurance. This list will be published approximately 2 weeks prior to the start of each new quarter on the following CMS website: cms.gov/medicare/medicare-fee-for-service-part-b-drugs/mcrpartbdrugavggsalesprice. This list is called the Average Sales Price (ASP) file and will have a note in the "Notes" column to show the adjusted coinsurance for each drug on the list for the specified quarter. Care N' Care will then adjust what the enrollee pays for those drugs to match what is on the ASP file.

It is important to note, not every Part B drug will be subject to a reduced coinsurance (only those identified by CMS), and the list may change every quarter. If a Part B prescription drug is not on the list, the enrollee will pay the normal coinsurance amount.

Flexibility for 2023:

Enrollee Refund: Given the limited time for plans to implement the coinsurance adjustment for Part B rebatable drugs, CMS will consider timely refunds to enrollees of any excess coinsurance paid by the enrollee for a Part B rebatable drug as compliance with the applicable requirements for MA plans and Section 1876 Cost Plans. This means that if an enrollee pays more than the adjusted coinsurance percentage for a Part B rebatable drug based on the date of service, the plan must issue a refund to that enrollee. The refund amount to the enrollee must equal the difference between: (1) the dollar amount of the coinsurance paid by the enrollee for that Part B rebatable drug and (2) the dollar amount of the adjusted coinsurance percentage that applied on the date of service for that specific Part B rebatable drug.

IRA Section 11407: Part B Insulin Cost Sharing Cap:

Requirement (Effective July 1, 2023):

Beginning July 1, 2023, MA plans must cover Part B insulin at or below the original Medicare coinsurance cap of \$35 for a one-month's supply of insulin without applying a service category or plan level deductible, pursuant to § 422.100(j)(1)(i)(F). Because original Medicare cost sharing is set as an absolute cap on cost sharing for Part B insulin, both MA coinsurance and copayments must not exceed that amount.

Examples of Part B prescription drugs that fall under IRA Section 11101

- Drugs that usually aren't self-administered by the patient and are injected or infused while you are getting physician, hospital outpatient, or ambulatory surgical center services
- Drugs you take using durable medical equipment (such as nebulizers) that were authorized by the plan
- Clotting factors you give yourself by injection if you have hemophilia
- Immunosuppressive drugs, if you were enrolled in Medicare Part A at the time of the organ transplant
- Injectable osteoporosis drugs, if you are homebound, have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis, and cannot self-administer the drug
- Antigens
- Certain oral anti-cancer drugs and anti-nausea drugs
- Certain drugs for home dialysis, including heparin, the antidote for heparin when medically necessary, topical anesthetics, and erythropoiesis-stimulating agents (such as Epogen®, Procrit®, Epoetin Alfa, Aranesp®, or Darbepoetin Alfa)
- Intravenous Immune Globulin for the home treatment of primary immune deficiency diseases

Patient Experience Digest

Tools You Can Use



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Need Forms?



How To Submit
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Your Information?

Have Questions? Contact Provider Service:

817-687-4004 | providerconciierge@cnhealthplan.com

Monday - Friday, 8 am to 5 pm





Stewardship of Resources

Stewardship of Resources interventions address barriers to medication adherence by examining the factors that affect your patient's ability to take their medications. These barriers may be complex and include factors related to socioeconomic, health care system structures and processes, severity of co-occurring medical conditions, complexity of medical and non medication therapies and patient concerns.

It is important to have conversations with your patients throughout the year to help improve their experience, health outcomes and retention rate. These conversations also impact Star Quality Ratings and CMS payments to you, the provider and health plans.

Patients are more engaged when a mutually agreed upon health care plan is developed, resulting in:

- Higher rates of adherence to medications
- Greater likelihood of completing recommended preventative screening
- Positive perception of their overall health care experience

Discuss these factors that affect medication adherence to eliminate issues:

- Medication cost
- Busy schedules that make it hard to remember to take medications consistently
- Ease of scheduling appointments
- Ease and comfort level of communicating with the pharmacist or other providers
- Understanding when and how to take medication
- Ability to sync medications and receive automated 30-day or 90-day refills
- Health condition severity and beliefs about their condition
- Expectations around possible effects of the medication

Note: Questions pertain to Stewardship to Resources/Medication Adherence are included in several Patient Experience survey tools deployed within the SWHR Clinically Integrated Network (CIN) and by various payors.