

October 24, 2013

Marilyn Tavenner, Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services Hubert H. Humphrey Building 200 Independence Avenue SW Washington, DC 20201

Re: Allow state Medicaid programs a grace period for pharmacies to fill prescriptions written by residents

## Dear Administrator Tavenner:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 110,600 family physicians and medical students nationwide, I write to request that the Centers for Medicare & Medicaid Services (CMS) revise current regulations in order to allow state Medicaid programs a grace period for pharmacies to fill prescriptions written by residents, regardless of their Medicaid provider enrollment status, until state Medicaid programs are able to process the enrollment of any residents applying for enrollment in their Medicaid Ordering/Referring/Prescribing provider database. This request stems from a recent resolution adopted by the AAFP Congress of Delegates.

The AAFP believes that residents play an important role in caring for Medicaid fee-forservice and dual-eligible Medicaid patients in both inpatient and outpatient settings. Patient care in residency training requires that residents have the ability to prescribe medication and medical equipment for their patients. In 2011, CMS published a final rule entitled "Medicare, Medicaid and Children's Health Insurance Programs; Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspension and Compliance Plans for Providers and Suppliers" (CMS 6028-FC), which requires pharmacies to verify that a physician prescribing for Medicaid patients is enrolled in his or her state's Medicaid Ordering/Referring/Prescribing provider database.

Since residents may not yet be enrolled in their states' Medicaid provider database due to current regulations or Medicaid provider enrollment system limitations, some pharmacists are refusing to fill prescriptions written by a resident for Medicaid patients. As a result, prescriptions written by residents for fee-for-service Medicaid patients are rejected during claims adjudication at the point of sale.

While the AAFP appreciates that CMS must verify all physicians' prescribing authority, our nation must simultaneously cope with a shortage of primary care physicians and prepare for

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the clinical needs of the influx of patients receiving insurance through Medicare, Medicaid, Children's Health Insurance Program, Marketplaces, and also private insurers. We call upon CMS to address the unintended consequences caused by CMS 6028-FC on residents ability to prescribe medications for their patients.

We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,

Jeffrey J. Cain, M.D., FAAFP Board Chair