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Centers for Medicare and Medicaid Services

U.S. Department of Health and Human Services

**Subject: Comment on Proposed Policy Changes and Updates for Medicare Advantage and the Prescription Drug Benefit Program for Contract Year 2019 (CMS-4182-P)**

To Whom It May Concern:

As CMS considers policy changes and updates for Medicare Advantage and the Prescription Drug Benefit Program for the 2019 contract year, we take this opportunity to remind those interested of the important role accreditation plays in the safe and effective dispensing of prescription medications in the United States.

We believe that accreditation by a CMS-approved national accrediting organization is a reliable indicator of quality and a high level of service being delivered to patients. As such, we further assert that CMS approval should be the only requirement for acceptance of accreditation in pharmacy networks. Specifically, pharmacy providers should be free to choose which CMS-approved accrediting organization(s) to engage with. We believe all stakeholders are best served if accrediting organizations are forced to earn their standing in the market, rather than have some networks mandate the use of a particular accrediting organization. Mandating the use of a particular accrediting organization, aside from providing that organization with no incentive to incorporate efficiencies or adapt to meet market need, creates unreasonable burdens on providers and restricts access to medications for patients, as well as allowing for artificial price inflation, which may ultimately be borne in part by patients.

Accreditation is a rigorous, transparent and comprehensive process in which a health care organization undergoes an examination of its policies, administration, human resources, provision of care, documentation, performance improvement and safety practices. This impartial, independent evaluation provides for the assessment, education and improvement of processes and quality of care. Accreditation standards set quality benchmarks that supersede regulatory requirements to promote improvement throughout all aspects of the organization.

We therefore believe that an accreditation requirement is consistent with CMS’ stated goals of promoting innovation while improving quality and empowering Medicare Advantage and Part D sponsors with tools to improve quality of care and provide more choices for plan enrollees.

It is also significant to note that this rigorous, independent assessment of a pharmacy provider’s fitness and qualifications to dispense medications in a safe and compliant manner occurs at no cost to the government or to the public.

Accreditation Commission for Health Care (ACHC) is an independent, private, not-for-profit Corporation established in 1986 and is tax-exempt under Section 501 (c) (3) of the Internal Revenue Code. ACHC is committed to delivering solutions that improve patient safety and quality of care, meeting customer and regulatory requirements, enhancing employee skills and performance, and continuous improvement of its quality management systems and processes. ACHC is a nationally recognized Accrediting Organization (AO) with deeming authority for Home Health, Hospice and Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). In addition, ACHC provides accreditation programs for Ambulatory Infusion Centers, Infusion Nursing, Infusion Pharmacy, Specialty Pharmacy, Long Term Care Pharmacy, Sterile/Non-sterile Compounding, Private Duty Nursing/Aide/Companion, Sleep Centers and Behavioral Health Services.

We thank you for this opportunity to provide feedback on these important policy changes.