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Alliance for Long-Term Care Pharmacy @ Home Urges CMS to Protect Access to Home-Based Beneficiaries as Agency Undertakes PBM Reform

Coalition calls for contracting standards that recognize patients' care needs, support fair reimbursement, and expand access to specialized pharmacy services

(ALEXANDRIA, VA — November 24, 2026) The Alliance for Long-Term Care Pharmacy @ Home submitted formal comments to the Centers for Medicare & Medicaid Services (CMS) urging the agency to ensure that new Medicare Part D pharmacy contracting standards recognize and support long-term care (LTC) pharmacy services provided to individuals living at home.

In its comments, the Alliance emphasized that Medicare beneficiaries with complex medical needs deserve access to high-quality pharmacy services regardless of where they receive care. The American population is aging and people want to remain in their home; healthcare, especially medication management services, needs to more aggressively shift toward home and community-based settings to meet this reality.

“Where a patient lives should not determine whether they have access to the pharmacy services they need. We know that medication management is critical to supporting older adults living at home safely,” said Chad Worz, PharmD, executive director of the Alliance. “The singular goal of the Alliance is to expand access to the high-quality and proven-effective medication management strategies employed in long-term care facilities that support older adults and their overall health goals."

LTC pharmacies provide specialized services beyond traditional prescription dispensing, including medication packaging and delivery, monthly medication regimen reviews, adherence monitoring, 24/7 pharmacist availability, emergency medication services, and coordination among patients, caregivers, and healthcare providers. Expanded access to these services prevents medication-related complications, supports family caregivers, and allows individuals to remain safely in their homes and communities.

However, current contracting practices frequently treat pharmacies serving patients at home as retail pharmacies, despite the significantly different services, resources required to care for individuals with an LTC level of need and existing CMS guidance that additional reimbursement would be “appropriate” for associated costs.

In its comments, the Alliance outlined four recommendations for CMS:

- Recognize LTC pharmacy services regardless of setting: Define the LTC pharmacy class of trade based on patients' level of care needs and the services provided, not their setting of care.
- Ensure appropriate reimbursement: Require reimbursement that reflects the operational and clinical costs of services provided, regardless of where patients live.
- Establish appropriate operational standards: Adopt standards for home-based LTC pharmacy services that recognize the needs of patients and caregivers, using the Alliance's existing guidelines as a starting point.
- Improve identification and verification: Establish standardized credentialing criteria, claim-level identifiers, and practical documentation requirements.

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The Alliance urged CMS to begin developing standards that ensure beneficiaries with complex medical needs can access appropriate pharmacy services in the communities they call home. The Alliance also highlighted evidence of the value of these services. One study found savings of $196 per member per month through an LTC pharmacy at-home model, with potential savings reaching $395 among the highest-acuity patients. A separate 2024 study found hospitalization rates 73.1% lower among home health patients participating in a medication therapy and risk management program.
For more information, visit www.pharmacyathome.org.