



October 30, 2020

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8016

Attention: CMS-3401-IFC

Dear Administrator Verma:

The Pharmacy Quality Alliance (PQA) appreciates the opportunity to comment on the interim final rule on “Medicare and Medicaid Programs, Clinical Laboratory Improvement Amendments (CLIA), and Patient Protection and Affordable Care Act; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency” (CMS-3401-IFC).

PQA is a national quality organization dedicated to improving medication safety, adherence and appropriate use. As a measure developer, researcher, educator and convener, PQA’s quality initiatives support better medication use and value-based care. A non-profit organization with 250 diverse members across healthcare, PQA was established in 2006 as a public-private partnership with the Centers for Medicare & Medicaid Services (CMS) shortly after the implementation of the Medicare Part D Prescription Drug Benefit. [PQA members](#) include community and specialty pharmacy organizations, pharmacists and other healthcare providers, pharmacies, health plans, pharmacy benefit managers, life sciences, technology vendors, government agencies, health information technology partners, academia and researchers.

PQA’s comments on the interim final rule follow.

PQA commends the additional steps that CMS has taken in this Interim Final Rule with Public Comment (IFC) to address the impact of the Coronavirus Disease (COVID-19) pandemic and Public Health Emergency (PHE) on Part C and Part D Quality Rating Systems.

We encourage CMS to continue to monitor the impact of COVID-19 for the remainder of 2020 and into 2021 to see if additional Star Rating changes are necessary.

Below are comments related to a specific section of the IFC.

II. Provisions of the Interim Final Rule with Comment Period (IFC)

H. Addressing the Impact of COVID-19 on Part C and Part D Quality Rating Systems

3. Provisions of IFC

PQA commends CMS on modifying the calculation of the 2022 Part C and D Star Ratings to address the application of the extreme and uncontrollable circumstance policy given the unprecedented impacts of the PHE for COVID-19. The change to remove the application of the 60 percent exclusion rule will preserve CMS' ability to measure actual performance for the 2020 measurement period, promote plans focusing on the best care possible for beneficiaries, and provide more certainty for plans about how the 2022 Star Ratings will be calculated. The application of the 25 percent rule "higher of" policy will provide an opportunity for plans to demonstrate how they are tailoring care in innovative ways to meet the needs of their enrollees during the PHE for COVID-19. However, one point of clarification is needed regarding the measures to which the 25 percent rule applies. We request for CMS to confirm publicly whether the 25 percent rule applies to non-CAHPS measures.

If you have questions, please do not hesitate to contact us.

Respectfully,

A handwritten signature in cursive script that reads "Laura J. Cranston".

Laura Cranston, RPh
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