



Optimizing Health by Advancing the Quality of Medication Use

March 7, 2022

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

Attention: CMS-4192-P

Dear Administrator Brooks-LaSure,

The Pharmacy Quality Alliance (PQA) appreciates the opportunity to comment on CMS-4192-P, the proposed rule for “Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs.”

PQA is the national quality organization dedicated to improving medication safety, adherence, appropriate use and medication management services through performance measurement, research and education. 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 shortly after the implementation of the Medicare Part D Prescription Drug Benefit. PQA members include pharmacies, health plans, health care providers, pharmacy benefit managers, biopharmaceutical companies, technology vendors, government agencies, associations, health information technology organizations, researchers, accrediting organizations and academia.

PQA’s comments on the proposed rule follow. The page numbers provided in italicized parentheses are for reference and correspond to the pages of a section within the rule, as published in the [Federal Register on January 12](#).

Pharmacy Price Concessions in the Negotiated Price (§ 423.100) (p. 1909-1918)

CMS proposes to redefine negotiated price to include pharmacy performance-based price concessions while allowing for the use of performance metrics and associated incentive payments to encourage quality improvement in pharmacies. Although PQA takes no position on the proposed definition of negotiated price, we appreciate this opportunity to share an update on our work to develop standard pharmacy performance measures that would be appropriate for use in value-based arrangements between Part D sponsors and pharmacies to support quality improvement.

PQA has worked since 2019 to convene the industry through our consensus-based and transparent process to develop standard pharmacy measures that are based on established criteria for performance measures. We are focused on evidence-based measures to evaluate pharmacist-provided care and processes correlated with improved outcomes.

Following a rigorous measure development process, PQA members in December 2021 endorsed two pharmacy performance measures appropriate for use in pharmacy-payer value-based arrangements:

- *Proportion of Days Covered Composite* (Pharmacy) (PDC-CMP-PH), evaluates the composite percentage of individuals 18 years of age and older, attributed to the pharmacy who met the Proportion of Days Covered (PDC) threshold of 80% for diabetes medications, renin angiotensin system antagonists, which treat hypertension, and statins, which treat high cholesterol.
- *Specialty Pharmacy Turnaround Time* (SP-TAT-PH), evaluates the average number of days between a specialty pharmacy receiving a new prescription for a specialty medication and the prescription being ready for pick-up or scheduled for delivery.

In addition to the two endorsed pharmacy performance measures, PQA is piloting several pharmacy measure concepts:

- Reporting, improvement and control of hemoglobin A1c
- Reporting, improvement and control of and blood pressure
- Immunization gap closure
- Specialty pharmacy prescription abandonment rate (development to begin in 2022)

PQA's work is aligned with CMS' goal of ensuring older Americans who are served by the Medicare program have access to quality, affordable health care. The development and adoption of these consensus-based measures will help ensure standardization, transparency and fairness in performance-based pharmacy payment arrangements. Further, the use of these measures can align incentives between health plans and pharmacies who are working together to care for Part D beneficiaries.

PQA appreciates CMS' thoughtful consideration of our comments submitted in response to CMS-4192-P. If you have questions, please do not hesitate to contact us.

Sincerely,



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