



Optimizing Health by Advancing the Quality of Medication Use

PQA-Prepared Summary of Points of Interest February 2023

Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

The Centers for Medicare & Medicaid Services (CMS) [released](#) the Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies on February 1, 2023.

PQA drafted this high-level summary for our members, focused primarily on Part D and issues relevant to our work. For further detail on any of the points below, we have included page numbers and encourage you to refer to the document's full language, which can be accessed here:

<https://www.cms.gov/files/document/2024-advance-notice.pdf>.

Submitting Comments to CMS

Comments regarding the 2024 Advance Notice should be submitted to CMS no later than **6:00 PM ET on Monday, March 6, 2023**. To submit comments or questions to CMS electronically, visit the 2024 Advance Notice Page on Regulations.gov (<https://www.regulations.gov/document/CMS-2023-0010-0002>) and follow the instructions for "submitting a comment."

PQA will review all public comments submitted to CMS on its measures and, where appropriate, will engage the PQA Measure Update Panel and Quality Metrics Expert Panel as part of the review and maintenance process to determine any necessary measure revisions.

Section 1. General Content

REMINDERS FOR 2024 STAR RATINGS [P. 94]

CMS finalized the application of Tukey outlier deletion for non-CAHPS measures beginning with the 2024 Star Ratings in the CY 2021 final rule.

MEASURE UPDATES FOR 2024 STAR RATINGS [P. 95]

Part C & D Star Ratings Measures, Improvement Measures and Categorical Adjustment Index [P. 95]

- The measures that will be used to calculate the 2024 Star Ratings are listed in Table IV-1 in the Advance Notice. CMS will only include measures in the improvement calculations at the contract level if numeric value scores are available for both the current and prior year.
- The methodology for the Categorical Adjustment Index (CAI) is described in the annual Medicare Part C & D Star Ratings Technical Notes available on the CMS webpage at go.cms.gov/partcanddstarratings.
- PQA measures included in the 2024 Star Ratings and CAI are summarized in the following table.

Table IV-1: 2024 Star Ratings Measures [P. 95] (*excerpt: PQA Measures*)

Part C or D	Measure	Measure Type	Weight	Improvement Measure	Included in 2024 CAI Values
D	Medication Adherence for Diabetes Medications	Intermediate Outcome	3	Yes	Yes
D	Medication Adherence for Hypertension (RAS antagonists)	Intermediate Outcome	3	Yes	Yes
D	Medication Adherence for Cholesterol (Statins)	Intermediate Outcome	3	Yes	Yes
D	MTM Program Completion Rate for CMR	Process	1	Yes	Yes
D	Statin Use in Persons with Diabetes	Process	1	Yes	Yes

Extreme and Uncontrollable Circumstances Policy for the 2024 Star Ratings [P. 100]

- CMS uses the start date of the incident period to determine which year of Star Ratings could be affected, regardless of whether the incident period extends to another calendar year.
- Under the 25 percent rules, contracts with at least 25 percent of their service area in a FEMA-designated Individual Assistance area in 2022 will receive the higher of their measure-level rating from the current and prior Star Ratings years for purposes of calculating the 2024 Star Ratings (thus, for 2024 Star Ratings, affected contracts will receive the higher of their measure-level ratings from 2023 or 2024 for the applicable measures).
- The numeric scores for contracts with 60 percent or more of their enrollees living in FEMA-designated Individual Assistance areas at the time of the extreme and uncontrollable circumstance are excluded from: (1) the measure-level cut point calculations for non-CAHPS measures; and (2) the performance summary and variance thresholds for the reward factor.

OTHER

Universal Foundation - Aligning of a Core Set of Measures Across All CMS Programs [P. 103]

- As part of the CMS National Quality Strategy and Medicare Value-Based Care Strategy, CMS is committed to aligning a core set of measures across all their programs and ensuring CMS measures quality across the entire care continuum in a way that promotes the best, safest, and most equitable care for all individuals.
- To improve alignment, CMS is considering including a core set of measures that are aligned across programs referred to as the **"Universal Foundation" of quality measures**. This "Universal Foundation" is **a building block to which programs will add additional aligned or program-specific measures**. The "Universal Foundation" will:
 - 1) focus provider attention,
 - 2) reduce provider burden,
 - 3) allow for consistent stratification of measures to identify disparities in care,
 - 4) accelerate the transition to interoperable, digital quality measures, and
 - 5) allow for cross-comparisons across quality and value-based care programs, to better understand what drives quality and equity improvement and what does not.
- **CMS welcomes feedback on this approach and the measures included.**
- For more information on CMS' Universal Foundation, CMS announced a recent publication in the New England Journal of Medicine titled ***"Aligning Quality Measures across CMS – The Universal Foundation."*** The article can be accessed [here](#).

Meaningful Measure 2.0 Domain	Measure	Part C and D Star Ratings
Wellness and Prevention	Colorectal Cancer Screening (HEDIS)	Currently in Star Ratings
	Breast Cancer Screening (HEDIS)	Currently in Star Ratings
	Adult Immunization Status (HEDIS)	Soliciting feedback on this measure in this Advance Notice
Chronic Conditions	Controlling High Blood Pressure (HEDIS)	Currently in Star Ratings
	Diabetes: Hemoglobin A1c Poor Control (>9%) (HEDIS)	Currently in Star Ratings (reversed score so higher scores are better)
Behavioral Health	Screening for Depression and Follow-Up Plan (HEDIS)	Soliciting feedback on this measure in this Advance Notice
	Initiation and Engagement of Substance Use Disorder Treatment (HEDIS)	Currently on display page
Seamless care coordination	Plan all-cause readmissions or Hospital all-cause readmissions (HEDIS)	Currently in Star Ratings
Person-centered care	Consumer Assessment of Healthcare Providers and Systems (CAHPS): Overall Rating Measures (CAHPS)	Currently in Star Ratings
Equity	Screening for Social Drivers of Health/ Social Need Screening and Intervention (HEDIS)	Solicited feedback in the 2023 Advance Notice/Rate Announcement about the NCQA measure focused on Screening and Referral to Services for Social Needs

Section 2. PQA Measure-Related Content

CHANGES TO EXISTING STAR RATINGS AND DISPLAY MEASURES FOR THE 2023 MEASUREMENT YEAR AND BEYOND [P. 102]

CMS solicits feedback on new measure concepts as well as updated measures through the annual Advance Notice and Rate Announcement. CMS also provides advance notice regarding measures considered for implementation as future Star Ratings measures. New measures and measures with substantive specification changes must be added or updated through rulemaking and must remain on the display page for at least two years prior to becoming a Star Ratings measure. In addition, CMS uses the Advance Notice and Rate Announcement process to announce non-substantive specification changes and to remove measures. CMS anticipates all 2023 display measures will continue to be shown on CMS.gov in 2024 unless noted otherwise in the Advance Notice.

1. Statin Use in Persons with Diabetes (SUPD) (Part D) [P. 107]

- To fully align with PQA specifications, CMS will make the following non-substantive updates to the SUPD measure beginning with the 2024 measurement year and 2026 Star Ratings:
 - 1) CMS will use continuous enrollment and no longer adjust for member-years.
 - 2) CMS will use 40-75 years as age criteria for beneficiaries to be analyzed.
- 2. Medication Adherence for Diabetes Medication/Medication Adherence for Hypertension (RAS Antagonists)/ Medication Adherence for Cholesterol (Statins) (Part D) [P. 108]**
- In the 2024 Part C and D proposed rule published on December 27, 2022, CMS proposed implementing sociodemographic (SDS) risk adjustment, a substantive change, for the 2026 measurement year and 2028 Star Ratings.
 - CMS will make the following non-substantive changes to the three adherence measures to fully align with the current PQA measure specifications, which are endorsed by the National Quality Forum:
 - 1) For the 2024 measurement year (2026 Star Ratings), CMS plans to no longer adjust for member-years; instead, CMS will use continuous enrollment as defined by the treatment period and exclude beneficiaries with more than 1-day gap in enrollment during the treatment period.
 - 2) For the 2026 measurement year (2028 Star Ratings), CMS plans to no longer adjust for inpatient (IP) or skilled nursing facility (SNF) stays.
- 3. MTM Program Completion Rate for Comprehensive Medication Review (CMR) (Part D) [P. 109]**
- Beneficiaries who are in hospice at any point during the reporting period are excluded from this measure. The Medicare Enrollment Database (EDB) is used to exclude beneficiaries in hospice.
 - Starting with the 2023 reporting period for the 2025 Star Ratings, CMS will pull the EDB data to identify beneficiaries in hospice in June after the reporting period, which aligns with when the Part D Reporting Requirements data are pulled from HPMS. The data validation results are pulled in July of the year following the reporting period.
 - This is a non-substantive change since this change does not meaningfully impact the numerator or denominator of the measure.
- 4. Concurrent Use of Opioids and Benzodiazepines (COB), Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH), and Polypharmacy Use of Multiple Central Nervous System Active Medications in Older Adults (Poly-CNS) (Part D) [P. 112]**
- In the 2020 Rate Announcement, CMS announced that these measures would be on the display page for 2021 and 2022, and then CMS would consider adding them to the Star Ratings through the rulemaking process.
 - In the 2024 Part C and D proposed rule, CMS proposed to move the COB, Poly-ACH, and Poly-CNS measures from the display page to the 2026 Star Ratings (2024 measurement year).

- Additionally, CMS will make a non-substantive update for the 2024 measurement year to align with the PQA measure specifications to use continuous enrollment and to no longer adjust for member years.
5. **Antipsychotic Use in Persons with Dementia, Overall (APD)/Antipsychotic Use in Persons with Dementia, in Long-Term Nursing Home Residents (APD-LTNH) (Part D) [P. 112]**
 - CMS plans to implement the updated PQA APD measure specifications on the display page for the 2023 measurement year.
 6. **Initial Opioid Prescribing - Long Duration (IOP-LD) (Part D) [P. 115]**
 - CMS plans to update the IOP-LD measure on the display page for the 2023 measurement year.
 - CMS will align with current PQA measure specifications, and therefore, beneficiaries enrolled in hospice, with a cancer diagnosis, with a sickle cell disease diagnosis, or receiving palliative care during the measurement year or the 90 days prior to the index prescription start date (IPSD), the earliest date of service for an opioid medication during the measurement year, will be excluded from the measure.
 7. **Medication Adherence for HIV/AIDs (Antiretrovirals) (ADH-ARV)/ Antipsychotic Use in Persons with Dementia, Overall (APD)/Antipsychotic Use in Persons with Dementia, in Long-Term Nursing Home Residents (APD-LTNH)/ Use of Opioids at High Dosage in Persons without Cancer (OHD)/ Use of Opioids from Multiple Providers in Persons without Cancer (OMP)/ Initial Opioid Prescribing-Long Duration (IOP-LD) (Part D) [P. 115]**
 - CMS will align with the PQA measure specifications to use continuous enrollment and no longer adjust for member-years.
 - CMS does not have an exact timeline to update these display page and Patient Safety measures but will announce it in advance to sponsors.

POTENTIAL NEW MEASURE CONCEPTS AND METHODOLOGICAL ENHANCEMENTS FOR FUTURE YEARS [P. 115]

1. **Health Equity (Part C and D) [P. 115]**
 - In the 2024 Part C and D proposed rule, CMS proposed a health equity index reward and encouraged feedback. Additionally, CMS is seeking feedback on the confidential stratified reports released to Part C and D sponsors in the Health Plan Management System (HPMS) in the spring of 2022 and additional measures or methodological enhancements to the Star Ratings that would continue to advance health equity. CMS is anticipating the submission of a new HEDIS measure in early 2023 to the Measures Under Consideration review process. **CMS is interested in additional feedback from stakeholders on this potential measure concept.**