PQA-Prepared Summary Points of Interest
April 2024

Announcement of Calendar Year (CY) 2025 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

The Centers for Medicare & Medicaid Services (CMS) released the Announcement of Calendar Year (CY) 2025 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies on April 1, 2024.

PQA distributed a summary of points of interest from the CMS Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and D Payment Policies to membership in February 2024. This follow-up communication highlights key points noted in the CY2025 Announcement. Excerpts of comments submitted to CMS are included in shaded boxes. **There were no substantial changes in the Announcement regarding PQA measures from what CMS proposed in the Advance Notice.**

For further details 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 found here: https://www.cms.gov/files/document/2025-announcement.pdf.

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.

This document does not include summary of the Part C and D final rule (CMS-4201-F3 and CMS-4205), published on April 4, 2024. PQA will publish a separate summary related to the Part C and D final rule at a later date.

Section 1. General Content

Measure Updates for the 2025 Star Ratings [P. 129]
- The measures that will be used to calculate the 2025 Star Ratings are listed in Table VI-1 with information about the measure type, weight, and measurement year.
- As a reminder, starting with the 2024 measurement year (2026 Star Ratings), the weight of patients' experience and complaints and access measures will be reduced to 2.
- 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.
- PQA measures included in the 2025 Star Ratings and Categorical Adjustment Index (CAI) are summarized in the table.

Table VI-1: 2025 Star Ratings Measures [P. 129] (*excerpt: PQA Measures*)

Part C or D	Measure	Measure Type	Weight	Measurement Year	Improvement Measure	Included in 2024 CAI Values
D	Medication Adherence for Diabetes Medications	Intermediate Outcome	3	1/1/2023-12/31/2023	Yes	Yes
D	Medication Adherence for Hypertension (RAS antagonists)	Intermediate Outcome	3	1/1/2023-12/31/2023	Yes	Yes
D	Medication Adherence for Cholesterol (Statins)	Intermediate Outcome	3	1/1/2023-12/31/2023	Yes	Yes
D	MTM Program Completion Rate for CMR	Process	1	1/1/2023-12/31/2023	Yes	Yes
D	Statin Use in Persons with Diabetes	Process	1	1/1/2023-12/31/2023	Yes	Yes

Extreme and Uncontrollable Circumstances Policy for the 2025 Star Ratings [P. 134]
- 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 2023 will receive the higher of their measure-level rating from the current and prior Star Ratings years for purposes of calculating the 2025 Star Ratings (thus, for 2025 Star Ratings, affected contracts will receive the higher of their measure-level ratings from the 2024 rating or 2025 rating 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.
- As a reminder, starting with the 2026 Star Ratings that covers the 2024 measurement year for most measures, the 60 percent rule will be removed.

Future Universal Foundation Star Ratings Measures [P. 137]
- As part of the CMS National Quality Strategy and Medicare Value-Based Care Strategy, CMS is committed to aligning a subset 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.
- Across CMS quality rating and value-based care programs, where applicable, CMS is implementing the "Universal Foundation" of quality measures which is a subset of measures that are aligned across programs. This "Universal Foundation" is a building block to which programs will add additional aligned or program-specific measures.
- In the 2024 Advance Notice, CMS solicited feedback regarding adding the Initiation and Engagement of Substance Use Disorder Treatment (Part C) measure to the Star Ratings in the future pending rulemaking. CMS submitted this measure through the 2023 Pre-Rulemaking Measure Review (PRMR) which provides recommendations to HHS on the selection of quality and efficiency measures for CMS programs.
- CMS is working to include all of the Universal Foundation measures as part of the Part C and D Star Ratings pending future rulemaking.

[P.137]
- Although there was overall support for the Universal Foundation, some commenters raised data collection challenges for the Initiation and Engagement of Substance Use Disorder Treatment, Depression Screening and Follow-up, Social Need Screening and Intervention, and Adult Immunization Status measures.
  - Some commenters asked for time to prepare for implementation of these new measures.
- Some commenters asked for more opportunities to provide input regarding which measures are part of the Universal Foundation, while a few commenters provided suggestions for additional measures such as the Kidney Health Evaluation measure.
- CMS appreciates the feedback as they continue to explore adding measures to the Star Ratings that are part of the Universal Foundation.

Section 2. PQA Measure-Related Content

Changes to Existing Star Ratings Measures for the 2025 Measurement Year and Beyond [P. 136]

CMS solicits feedback on new measure concepts as well as measure updates through the annual Advance Notice and Rate Announcement process. 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. CMS uses the Advance Notice and Rate Announcement

process to announce nonsubstantive specification changes and to remove measures.

CMS submitted the Initiation and Engagement of Substance Use Disorder Treatment (Part C) and Initial Opioid Prescribing for Long Duration (IOP-LD) (Part D) measures to the 2023 PRMR process and is reviewing the feedback as they consider measures to propose to add to the Star Ratings through future rulemaking.

Initial Opioid Prescribing for Long Duration (IOP-LD) (Part D) [P. 145]
- CMS began reporting the IOP-LD measure to Part D sponsors through the Patient Safety reports in measurement year 2020 and has publicly reported the measure on the Part D display page since 2023 (2021 data).
- In the 2021 Advance Notice, CMS solicited feedback regarding adding the IOP-LD measure to the Star Ratings in the future pending rulemaking. The measure was included in the 2023 measures under consideration (MUC) list for the PRMR process to inform the selection of quality and efficiency measures for CMS programs.
- In the CY 2025 Advance Notice, CMS reiterated that it intends to propose to add the IOP-LD measure to the Star Ratings in future rulemaking.

[P. 145]
- Some commenters did not support adding this measure to the Star Ratings, while others supported the change.
  - Several of the commenters were concerned about sufficient measure exclusions to reduce unintended consequences, alignment with guidelines or policies, or impacts to prescriber-patient decision making.
  - A commenter suggested that risk adjustment may be needed; however, the IOP-LD measure is a process measure and process measures generally are not risk adjusted.
- CMS will take the feedback it received into consideration as it considers adding this measure to the Star Ratings. Adding the IOP-LD measure to the Star Ratings must be proposed and adopted through rulemaking.

Medication Adherence for Diabetes Medications / Medication Adherence for Hypertension (RAS Antagonists) / Medication Adherence for Cholesterol (Statins) / Statin Use in Persons with Diabetes (SUPD) / Medication Therapy Management (MTM) Program Completion Rate for CMR (Part D) [P. 145]
- The Part D Star Ratings Medication Adherence, SUPD, and MTM measures currently exclude beneficiaries enrolled in hospice during the measurement year. Additionally, the Medication Adherence and SUPD measures exclude beneficiaries with an ESRD diagnosis or dialysis coverage dates during the measurement year.
- CMS proposed to change the data source used to identify beneficiaries who have elected to receive hospice care or with ESRD status (using ESRD dialysis coverage dates that overlap with the measurement year), as applicable to the measure specifications, from the Enrollment Database (EDB) to the Common Medicare Environment (CME) beginning with the 2024 measurement year. Accessing this information through the CME will improve data availability for the monthly Patient Safety Reports for the Medication Adherence and SUPD measures.
- CMS did not anticipate any impact on measure calculations due to this update. Based on their analysis, the CME and EDB data sources aligned very closely on measure

exclusions. This would be a non-substantive update because it only updates the data source.

- CMS will implement the data source change for the 2024 measurement year.

Display Measures

Polypharmacy: Use of Anticholinergic Medications in Older Adults (Poly-ACH) (Part D) [P.150]
- PQA updated the Poly-ACH measure specifications in the 2024 Measure Manual to align with the American Geriatric Society 2023 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.
- The updated Beers criteria identified 14 medications for removal due to low usage or medication unavailability in the United States.
- CMS will align with the Beers criteria and PQA's updated measure specifications to remove the 14 medications from the Poly-ACH measure for the 2024 measurement year (2026 display page).

Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (Poly-CNS) / Poly-ACH (Part D) [P. 151]
- Per PQA's 2024 Measure Manual updates, the index prescription start date (IPSD) will be removed from the measure specifications for both Polypharmacy measures.
- The intent of the IPSD in the polypharmacy specifications, which required the earliest date of service for a target medication to occur 30 or more days from the last day of the measurement year, was to limit and define the eligible population for the Polypharmacy measures to beneficiaries who can potentially meet the numerator criteria.
- To more precisely capture this concept, the PQA revised the measure specification to apply to instances of 2 or more prescription claims for the same target medication on different dates of service when determining if the earliest date of service for any target medication is 30 or more days from the last day of the measurement year.
- CMS will align with these PQA's measure clarifications for the 2024 measurement year (2026 display page) and does not anticipate these clarifications to impact the measure.

Use of Opioids at High Dosage in Persons Without Cancer (OHD) / Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) / Concurrent Use of Opioids and Benzodiazepines (COB) / Initial Opioid Prescribing for Long Duration (IOP-LD) (Part D) [P.151]

- PQA is testing an update to exclude beneficiaries more broadly with cancer-related pain treatment from these opioid-related measures for measurement year 2025 at the earliest.
- The revised exclusion would align with the updated 2022 Centers for Disease Control and Prevention (CDC) Clinical Practice Guideline for Prescribing Opioids for Pain.
- CMS will also consider applying the updated measure specifications if implemented by PQA.

[P. 152]
- Commenters were supportive of this potential measure specification revision to align with the updated 2022 CDC Guideline.
- Therefore, if PQA updates the measure specifications for these opioid-related measures to exclude beneficiaries with cancer-related pain treatment, CMS will also implement the change for measurement year 2025 (2027 display page) at the earliest.

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. 152]

- As referenced in the CY 2024 Rate Announcement, CMS will align with the PQA measure specifications to use continuous enrollment (CE) and no longer adjust for member-years (MYs).
- CMS received support from commenters in response to the 2024 Advance Notice for this specification change to align with the PQA but noted that they would provide more information when the timeline for these measure changes is finalized.
- CMS plans to implement CE for these Part D Patient Safety measures in measurement year 2025 (2027 display page).

[P. 152]
- Commenters were supportive of CMS aligning with the PQA measure specifications by implementing CE and no longer adjusting for MYs.
- Commenters appreciated that CMS provided an anticipated timeline for transitioning the remainder of the Part D Patient Safety measures from MYs to CE.

Poly-CNS / Poly-ACH / COB / OHD / OMP (Part D) [P.152]

- As announced in the CY 2024 Rate Announcement, CMS will align with the PQA measure specifications to use CE for these display measures and no longer adjust for MYs for the 2024 measurement period.
- In the draft 2024 PQA Measure Manual, which PQA shared with CMS noting anticipated changes to measures, PQA noted the removal of the anchor date specifications from these measures, pending approval through the PQA's consensus-based measure maintenance process.
- Previously, the anchor date required an individual to be enrolled and to have a benefit on

a specific date. Additionally, the allowable gap must not have included that date specified in the measure as the anchor date.

- PQA's Measure Update Panel and Quality Metrics Expert Panel voted in support to remove the anchor date from these measures, effective for measurement year 2024 and included the change in the 2024 PQA Measure Manual.
- CMS will remove the anchor date when they implement the CE methodology for these measures beginning with the 2024 measurement year (2026 display page).

[P. 153]
- CMS received very few comments on this measure specification update; however, the comments they received were supportive of the removal of the anchor date.

OHD / OMP / Persistence to Basal Insulin (PST-INS) / ADH-ARV / COB / IOP-LD / Poly-CNS / Poly-ACH (Part D) [P. 153]

- In connection with the Star Ratings Medication Adherence, SUPD, and MTM measures, CMS also proposed to remove the EDB as a data source for these display measures to identify hospice enrollment and ESRD status (if applicable to the measure specifications) and instead use the Common Medicare Environment (CME) to identify hospice enrollment and ESRD status beginning with the 2024 measurement year.
- CMS will implement this change for the 2024 measurement year.

[P. 153]
- Commenters were supportive of updating the data source from the EDB to the CME to identify beneficiaries in hospice and/or with ESRD status.

Retirement of Display Measures

Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) (Part D) [P. 153]

- PQA may retire the OMP measure due to the very low measure rates, resulting in minimal opportunity for measure improvement.
- Due to the narrow range of the measure rates, the measure does not effectively discern good versus poor performance.
- The PQA Measure Update Panel and Quality Metrics Expert Panel voted in favor of retirement consideration. If the PQA membership votes in favor of retirement in 2024, CMS will retire the OMP measure from the 2027 display page (2025 measurement year) to align with PQA, the measure steward of the OMP measure.
- CMS anticipates that the PQA membership vote will occur sometime in 2024.

[P. 154]
- All commenters were supportive of retiring the OMP measure from the display page.

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