PQA-Prepared Summary Points of Interest
April 2025

Announcement of Calendar Year (CY) 2026 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) 2026 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies](#) on April 7, 2025.

PQA distributed a [summary of points of interest](#) from the CMS Advance Notice of Methodological Changes for Calendar Year (CY) 2026 for Medicare Advantage (MA) Capitation Rates and Part C and D Payment Policies to membership in January 2025. This follow-up communication highlights key points noted in the CY2026 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/2026-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 a summary of the CMS final rule (CMS-4208-F), published in the Federal Register on April 15, 2025. PQA has published a separate [summary](#) related to that final rule.

Section 1. General Content

Measure Updates for the 2026 Star Ratings [P. 98]

- The measures that will be used to calculate the 2026 Star Ratings are listed in Table VI-1 with information about the measure type, weight, and measurement year. PQA measures are represented by **bolded** text.

Table VI-1: 2026 Part D Star Ratings Measures [P. 99]

Measure	Measure Type	Weight	Measurement Year	Improvement Measure	Included in the 2026 CAI Values
Call Center – Foreign Language Interpreter and TTY Availability	Measures Capturing Access	2	2/2025 – 5/2025	Yes	No
Complaints about the Drug Plan	Patients' Experience and Complaints Measure	2	1/1/2024 12/31/2024	Yes	No
Members Choosing to Leave the Plan	Patients' Experience and Complaints Measure	2	1/1/2024 – 12/31/2024	Yes	No
Drug Plan Quality Improvement	Improvement Measure	5	NA	No	No
Rating of Drug Plan	Patients' Experience and Complaints Measure	2	3/2025 – 6/2025	Yes	No
Getting Needed Prescription Drugs	Patients' Experience and Complaints Measure	2	3/2025 – 6/2025	Yes	No
MPF Price Accuracy	Process Measure	1	1/1/2024 – 9/30/2024	Yes	No
Medication Adherence for Diabetes Medications	**Intermediate Outcome Measure**	**3**	**1/1/2024 – 12/31/2024**	**Yes**	**Yes**
Medication Adherence for Hypertension (RAS antagonists)	**Intermediate Outcome Measure**	**3**	**1/1/2024 – 12/31/2024**	**Yes**	**Yes**
Medication Adherence for Cholesterol (Statins)	**Intermediate Outcome Measure**	**3**	**1/1/2024 – 12/31/2024**	**Yes**	**Yes**
MTM Program Completion Rate for CMR	**Process Measure**	**1**	**1/1/2024 – 12/31/2024**	**Yes**	**Yes**
Statin Use in Persons with Diabetes	**Process Measure**	**1**	**1/1/2024 – 12/31/2024**	**Yes**	**Yes**

Section 2. PQA Measure-Related Content

Section H. Efforts to Simplify and Refocus the Measure Set to Improve the Impact of the Star Ratings Program [P. 107]

As the Part C and D Star Rating program continues to evolve and align with the measures included in the Universal Foundation, CMS is considering additional ways to simplify and refocus the measure set. This is consistent with recommendations from MedPAC and other interested parties that CMS consider having fewer measures in the Part C and D Star Ratings program.

CMS currently includes in the Star Ratings program two measures using plan-reported data from the Part C and D Reporting Requirements: Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR) (Part D) and Special Needs Plan (SNP) Care Management (Part C). Both of these measures are process measures that indicate how often a contract completed a CMR for MTM program enrollees or how often the contract completed the required health risk assessments. CMS is ultimately interested in the outcomes of these two assessments, and not only their completion rates. CMS solicited feedback on the retirement of these measures from the Star Ratings program.

CMS's Star Ratings contractor, RAND Corporation, convened a Technical Expert Panel in late October 2024 to obtain feedback related to making enhancements to the Part C and D Star Ratings measure set. The TEP did not recommend making the measurement set smaller given the high stakes nature of the Part C and D Star Ratings program, but the TEP did support rethinking the measures included. Overall, there was support for the current Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), Health Outcome Survey (HOS), and some of the operational measures. Suggestions included the following: adding more evidence-based clinical outcomes measures or redesigning current measures to assess patient outcomes (such as medication adherence); considering relevance, reliability, and the small denominator for some measures; considering "gameability," attribution issues, provider burden, and the sensitivity of measures to small changes; and considering measures focused on trust with the plan and network issues.

CMS asked for feedback from all interested parties on ways to simplify and refocus the measure set.

> [P. 109]
> - Commenters provided mixed support for simplifying the overall measure set and focusing more on clinical care, outcomes, and patient experience.
> - Some commenters were supportive of removing some or all of the measures focused on operational performance, while other commenters raised concerns about reducing the number of measures, retiring measures where plans do well, and removing measures where plans have more control over their performance.
> - CMS received mixed feedback on the retirement of the MTM measure.

Concurrent Use of Opioids and Benzodiazepines (COB) (Part D). [P. 112]
- The PQA updated the COB measure specifications in the 2025 PQA Measure Manual to exclude beneficiaries with cancer-related pain treatment diagnosis during the measurement year to align with the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain (2022 CDC Guideline).
- CMS plans to exclude beneficiaries with cancer-related pain treatment diagnosis from the COB measure beginning with the 2025 measurement year (2027 Star Ratings). This would be a non-substantive update because it updates the clinical codes with no change in the target population or the intent of the measure.

Medication Adherence for Diabetes Medications/ Medication Adherence for Hypertension (RAS Antagonists)/ Medication Adherence for Cholesterol (Statins)/ Statin Use in Persons with Diabetes (SUPD)/ COB/ Polypharmacy: Use of Anticholinergic Medications in Older Adults (Poly-ACH) (Part D). [P. 112]
- CMS excludes contracts with 30 or fewer enrolled members in the denominator from the Star Ratings; in other words, only contracts with 31 or more enrolled members receive a measure rate.
- The PQA recommends excluding contracts with fewer than 30 enrolled members from the measure rate calculations since it is an insufficient sample size for measurement purposes.
- CMS plans to align with the PQA to exclude contracts with fewer than 30 enrolled members from the measure rate calculations, and contracts with 30 or more enrolled members will be included in the measure rate calculation starting with the 2025 measurement year (2027 Star Ratings). This would be a non-substantive update.

Section I. Display Measures [P. 113]

Display measures on CMS.gov are published separately from the Star Ratings and include measures that are transitioned from inclusion in the Star Ratings, new or updated measures before inclusion into the Star Ratings, and informational-only measures. Organizations and sponsors have the opportunity to preview the data for their display measures prior to release on CMS.gov. The sections below focus on the current 2025 display measures and feedback CMS received on potential measure changes.

Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (Poly-CNS) (Part D). [P. 113]

- The PQA updated the Poly-CNS measure specifications in the 2025 PQA Measure Manual to add the skeletal muscle relaxant class of medications to align with the 2023 updated American Geriatrics Society (AGS) Beers Criteria's recommendation to avoid concurrent use of three or more CNS-active medications in older adults because of the increased risk of falls, fractures, and confusion.
- The 2023 AGS Beers Criteria for Potentially Clinically Important Drug-Drug Interactions That Should be Avoided in Older Adults (Table 5) to identify any combination of three or more CNS-active medications to avoid was revised to include skeletal muscle relaxants in the medication list.
- The six new skeletal muscle relaxants that will be added to the Poly-CNS measure in 2025 are carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, and orphenadrine.
- CMS will align with the PQA measure specification updates and add the new skeletal muscle relaxant class of medications to the Poly-CNS measure for the 2025 measurement year (2027 display page).

[P. 113]
- Most commenters supported adding the skeletal muscle relaxants as a new class of medications to the Poly-CNS measure.
- A couple of commenters opposed adding the skeletal muscle class to the Poly-CNS measure, and one commenter believed this would be a substantive change per the rules to update Star Ratings measures.
  - As a reminder, the Poly-CNS measure was not added to the Star Ratings and will remain on the display page. Therefore, since the Poly-CNS measure is not in the Star Ratings, measure specification updates are not subject to rulemaking, but CMS did announce this measure specification update in advance of the measurement year through the Advance Notice.
- Additionally, CMS received comments to expand the exclusion diagnoses and add significant mental health illnesses to the Poly-CNS measure since beneficiaries are in clinical care for these conditions and most likely receiving MTM.
- CMS appreciates this feedback and will forward the comments to the measure steward.
- The skeletal muscle class of medications will be added to the Poly-CNS measure for the 2025 measurement year.

Use of Opioids at High Dosage in Persons Without Cancer (OHD)/ Initial Opioid Prescribing for Long Duration (IOP-LD) (Part D). [P. 114]

- The PQA also updated the OHD and IOP-LD measure specifications in the 2025 PQA Measure Manual to exclude beneficiaries with cancer-related pain treatment diagnosis during the measurement year to align with the 2022 CDC Guideline.
- CMS will incorporate this update beginning with the 2025 measurement year (2027 display page).

[P. 114]
- Commenters were supportive of updating the OHD and IOP-LD measures to exclude beneficiaries with cancer-related pain treatment.
- CMS will apply the exclusion for the 2025 measurement year to align with the PQA measure specifications.

Medication Adherence for Statins with Risk Adjustment (RA) (ADH-Statins RA)/ Medication Adherence for RAS Antagonists with RA (ADH-RAS RA)/ Medication Adherence for Diabetes Medications with RA (ADH-Diabetes RA)/ Antipsychotic Use in Persons with Dementia (APD)/ Antipsychotic Use in Persons with Dementia – for Long Term Nursing Home Residents (APD-LTNH)/ OHD/ Poly-CNS/ IOP-LD/ Persistence to Basal Insulin (PST-INS)/ Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR) (Part D). [P. 114]

- CMS excludes contracts with 30 or fewer enrolled members in the denominator from the display page; only contracts with 31 or more enrolled members receive a measure rate.
- The PQA recommends excluding contracts with fewer than 30 enrolled members from the measure rate calculations since it is an insufficient sample size for measurement purposes.
- CMS plans to align with the PQA to exclude contracts with fewer than 30 enrolled members from the measure rate calculations, and contracts with 30 or more enrolled members will be included in the measure rate calculation starting with the 2025 measurement year (2027 display page).

[P. 115]
- All commenters supported this update to the display page measures to include contracts with 30 or more members in the denominator for the measure rate calculation. CMS will implement this update to these measures for the 2025 measurement year.

Initial Opioid Prescribing for Long Duration (IOP-LD) (Part D). [P. 115]

- The PQA refined the definition for negative medication history to improve clarity in the 2025 PQA Measure Manual.
  - For a beneficiary to have a negative medication history, there should be no prescription claims for opioids "with a date of service" in the lookback period.
- CMS does not anticipate this clarification impacting the IOP-LD measure operationally. Therefore, CMS will integrate the revised definition of negative medication history into the IOP-LD measure for the 2025 measurement year (2027 display page).

Section J. Retirement of Display Measures [P. 115]

Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) (Part D). [P. 115]
- The PQA membership voted in favor of retiring the OMP measure for the 2025 measurement year due to low measure rates, resulting in minimal opportunities for improvement.
- The OMP measure will be retired starting with the 2025 measurement year.

Section K. Potential New Measure Concepts and Methodological Enhancements for Future Years [P. 115]

CMS's process for adding any new measures to the Star Ratings system includes developing and testing new measures, soliciting feedback on potential new measures, submitting the measures for approval under the Pre-Rulemaking Measure Review (PRMR) process, and undertaking notice and comment rulemaking to propose and finalize new measures. CMS solicited comments on new measure concepts and methodological changes to inform future changes to the Star Ratings.

Excellent Health Outcomes for All (Part C and D) [P. 116]
- CMS plans to update the Health Equity Index (HEI) reward to call it the Excellent Health Outcomes for All (EHO4all) reward because this name better captures the goal of ensuring exceptional care for all enrollees.
- The enrollees to be included in the EHO4all when it is implemented beginning with the 2027 Star Ratings include those that are dually eligible, receive a low-income subsidy, or are disabled because these groups are at risk for poor health outcomes and Star Ratings data show gaps in the quality of care for these enrollees.
- While the EHO4all reward incentivizes improved performance among specified groups of enrollees at risk for poor health outcomes, CMS is also incentivizing improved performance across all enrollees by removing the current reward factor when the EHO4all reward is implemented beginning with the 2027 Star Ratings.
- CMS is considering adding factors beyond dual eligibility, receipt of low-income subsidy, and disability to the EHO4all reward.
  - One factor CMS is considering adding is geography (e.g., rural or urban). CMS solicited preliminary feedback on the addition of geography to the reward and how to define this.

- Some commenters asked for more details on the definition of geography that would be used, while a few commenters suggested possible definitions of geography.
- CMS will continue to consider adding geography as an additional factor in the EHO4all reward.
    - Adding geography to the EHO4all reward would need to be proposed and finalized through rulemaking, and a definition of geography would also be proposed as part of this process.
- Additionally, CMS will propose updates in future rulemaking to reflect the updated name, EHO4all reward. CMS may also consider additional changes regarding the EHO4all reward and any further changes would need to be proposed through rulemaking.