PHARMACY QUALITY SOLUTIONS

PQS Summary of Quality-Related Updates in the CY2019 Draft Call Letter

Draft Call Letter Available **HERE**

Opening paragraph:

- "Medicare Advantage and Part D have been successful in providing Medicare beneficiaries with options so that they can choose the healthcare that best fits their individual health needs. These ***programs demonstrate the value of private sector innovation and creativity and CMS is committed to continuing to make changes that promote greater innovation***, transparency, flexibility, and program simplification."

2019 Call Letter focuses on improving MA, MAPD, and PDP programs by concentrating on:

1. Expanded flexibility for plans to meet the needs of beneficiaries at the local level
2. Increased beneficiary choice
3. Improved patient/physician relationship
4. Increased transparency from CMS on its decision making and promoting innovation

Key Next Date - Final Call Letter will be released on **April 2, 2018**

Deadline for submission of CY 2019 MTM Programs – April 30, 2018

CY 2019 Bid submission deadline: June 4, 2018

Enhancements to the 2019 Star Ratings and Future Measure Concepts (p. 106)

New Measures for 2019

- Statin Use in Persons with Diabetes (SUPD) (**Part D**) – [Steward: PQA]
  - Measures the percentage of patients between 40 – 75 years old who received at least two diabetes medication fills and also received **a statin** medication during the measurement period.
  - Beneficiaries with ESRD at any point during the measurement period are excluded from the measure for the entire year. In an effort to best capture beneficiaries with ESRD, CMS is proposing to expand the data set to determine ESRD by the following:
    - ICD-10 codes found in Part A & B claims
    - Risk Adjustment Processing System (RAPS) RxHCC
    - EDB ESRD Indicator (current)
  - The measure excludes members on Hospice according to CMS Enrollment Database information.
  - **CMS is proposing a weight of 1 for CY 2019**
  - *For CY 2020, CMS is proposing a 3x weighting*
  - ***PQS Note:*** *Measure is currently available for hosting with most clients currently hosting the measure within 2017 which will contribute to the 2019 Star Rating for this measure.*

- Statin Therapy for Patients with Cardiovascular Disease (**Part C**) – [Steward: NCQA]
  - Measures the percentage of males 21 to 75 years of age and females 40 to 75 years of age who were identified as having clinical atherosclerotic cardiovascular disease and were dispensed at least one high or moderate-intensity statin medication during the measurement year.
  - NCQA is allowing for certain exclusions such as myalgia, myositis, myopathy, or rhabdomyolysis. CMS directs to NCQA HEDIS 2018 Technical Specifications (vol. 2) for more detail.

- **CMS is proposing a weight of 1 for CY 2019 as a process measure that requires medical records review**.
- ***PQS Note:*** *Measure is currently being developed and will be available for hosting with EQuIPP in Q2 2018. Measure does require medical data and would be focused on MAPD populations.*

Proposing 33 Part C Measures / 14 Part D Measures for CY 2019

Changes to Existing Star Rating Measures for 2019 (p.108)

- Medication Adherence for Hypertension (RAS Antagonists) (Part D) – [Steward: PQA]
  - Similar to the SUPD measure above, CMS is proposing to increase the source data for capturing beneficiaries with ESRD to the following:
    - ICD-10 codes found in Part A & B claims
    - Risk Adjustment Processing System (RAPS) RxHCC
    - EDB ESRD Indicator (current)

- Medication Adherence for Diabetes Medications (Part D) – [Steward: PQA]
  - Similar to the SUPD and RAS Antagonists measures above, CMS is proposing to increase the source data for capturing beneficiaries with ESRD to the following:
    - ICD-10 codes found in Part A & B claims
    - Risk Adjustment Processing System (RAPS) RxHCC
    - EDB ESRD Indicator (current)

- Medicare Adherence for: Diabetes Medications, Hypertension, Cholesterol (Statins) (all three) – [Steward: PQA]
  - Inpatient stay adjustments to PDC calculations
    - Currently the start date of inpatient stays is defined as the admission date and the end date is one day before the discharge date and the discharge date is NOT included in the PDC adjustment. Inpatient days during the measurement period are removed from both the numerator and denominator. Additionally, the days' supply from Part D Rx fills that overlap with the inpatient stay are shifted to uncovered days after the end of the stay if applicable. The assumption is that the beneficiary receives the medication from another source and stockpiles the medication for later use.
    - CMS found cases where beneficiaries that were admitted for a second inpatient stay that was one day after the discharge date, one day would not be removed from the PDC calculation.
      - *As a result, CMS is proposing to concatenate consecutive days to create a single admission and discharge date for the PDC calculation.*

- MPF Price Accuracy (Part D)
  - CMS proposes to make updates to enhance the reliability of the measure to assess the accuracy of advertised prices on Medicare Plan Finder (MPF).
  - **The current methodology will be used for the 2019 Star Ratings** (enhancement below will not be applied) and then CMS is proposing to move the measure to a display measure once the new methodology is applied which translates to the 2020 and 2021 calendar years.
    - ***Therefore, starting with the 2020 CY CMS is proposing to remove this measure as a Star Rating until potentially the 2022 Star Ratings.***
      - CMS noted that most plans perform well on this measure, and as a result, its removal could lower Plan Sponsor's Overall Star Ratings.
  - High-level changes include:
    - Measure by how much and how often Prescription Drug Event (PDE) prices exceeded prices reflected on the MPF
    - Increase the number of claims included in the measure
      - Expand from claims with 30-day supplies to 28-34, 60-62, 90-100 days.

        - Round a medication's MPF cost to two decimals for comparisons
            - Contract's score is not lowered if PDE's are priced lower than MPF. (Only price increases are included)
            - PDE cost must exceed the Plan Finder cost by $0.01 in order to count towards the accuracy score

Temporary Removal of Star Rating Measures for 2019 (p.113)

- Reducing the Risk of Falling (Part C) – [Steward: NCQA]
    - Assesses the percentage of beneficiaries who discussed falls, balance concerns, or walking with their healthcare provider and received fall risk intervention(s) from the provider.
        - NCQA made several updates to the measure that require updates to the survey questions which support the measure assessment. As a result, there won't be data for the 2019 Star Ratings.
        - Plan is to remove completely for CY 2019, add to 2020 Display Page, and then back to a Star Rating for 2021.

2019 Star Rating Program and the Categorical Adjustment Index (p. 122)

- CMS will continue to use the Categorical Adjustment Index (CAI) as an interim analytical adjustment to account for disparities that exist in performance between contracts having beneficiaries with Low Income Subsidy and/or dual eligible (LIS/DE) and disability status. CMS has continued to engage with measure stewards to understand progress and potential impact of populations with LIS/DE and disabled beneficiaries.
    - PQA is scheduled to have draft considerations in 2018 measure manuals which will be finalized in 2019 once NQF has completed its review of needed measure endorsement maintenance. If finalized, CMS will consider how to implement the PQA recommendations in future for the Star Ratings.
    - NCQA has recently completed the examination of key HEDIS measures that were assessed for socioeconomic status and has received approval from the Committee on Performance Measurement to implement the new, stratified reporting based upon LIS/DE and disabled subgroups. NCQA has started to design the new reporting requirements and are anticipating changes in the measure specifications starting with the 2019 HEDIS Volume 2. CMS is evaluating when in the future the new specifications will apply to Star Ratings. The measures that have been assessed with stratification include:
        - Breast Cancer Screening
        - Colorectal Cancer Screening
        - Comprehensive Diabetes Care – Eye Exam Performed
        - Plan All-Cause Readmissions
- Results of the CAI methodology from the 2018 Star Ratings:
    - Overall, small positive impact across contracts
    - 11 MAPD contracts had an increase in their Overall Rating by 0.5 Star.
        - 1 MAPD contract had a decrease in Overall Rating by 0.5 Star
        - Of those that had an increase, 6 contracts went from 3.5 to 4.0.
    - PDPs had 6 contracts that decreased by 0.5 Star for the Part D Summary Rating
- For the 2019 CY, CMS is proposing to continue the current CAI methodology.

2019 Display Measures

New Display Measures for 2019 (p. 140)

- The only new measure (update on past measure) is **Plan Makes Timely Decisions about Appeals**, where cases that were dismissed by an Independent Review Entity (IRE) will now be included. CMS is proposing to move this to a Star Rating for 2021.

Changes to Existing Display Measures for 2019

- Hospitalizations for Potentially Preventable Complications (Part C) – [Steward: NCQA]
    - Risk-adjusted measure that assesses the rate of hospitalization for complications of chronic and acute ambulatory care-sensitive conditions.
    - NCQA is considering updating the measure to include "observation stays" which can also represent a failure to prevent serious complications. Measure will remain as a display for the next several years, where CMS is considering returning as a Star Rating in 2022.

- High Risk Medication Use (Part D) – [Steward: PQA]
    - Will remain as a display for 2019 with the updated HRM medication list provided by PQA.

- Drug-Drug Interactions (Part D) – [Steward: PQA]
    - PQA also updated the list of medication pairs associated with this measure and CMS will use the updated list for the 2019 Display Measures using 2017 PDE data.

- Antipsychotic Use in Persons with Dementia (Part D) – [Steward: PQA]
    - Measures the percentage of Medicare Part D beneficiaries 65 years or older with dementia who received prescription fills for antipsychotics without evidence of a psychotic disorder or related condition.
    - The PQA measure is reported overall and at two different levels associated with the care setting (community only & long-term nursing home). CMS is proposing to change from only including the overall rate (i.e. across all care settings) to report the rate for each care setting for the 2019 Display Measure.
    - *CMS will assess the potential to transition to a Star Rating for future years.*
    - ***PQS Note:*** *Measure is currently being developed and will be available for hosting with EQuIPP in Q2 2018.*

- Use of Opioids from Multiple Providers and/or at High Dosage in Persons without Cancer (Part D) – [Steward: PQA]
    - The PQA measure is separated into three distinct measures, each with a separate reported rate.
        - Use of Opioids at High Dosage in Persons without Cancer (OHD)
            - ***PQS Note:*** *Measure is currently being developed and will be available for hosting with EQuIPP in Q2 2018.*
        - Use of Opioids from Multiple Providers in Persons without Cancer (OMP)
        - Use of Opioids at High Dosage and from Multiple Providers in Persons without Cancer (OHDMP)
    - The Quality Measures Update Panel from PQA approved the following changes related to the measures above:
        - The treatment period for Measures 1 and 3 (Opioids at High Doses (OHD) and Opioids at High Doses from Multiple Providers (OHDMP)) must be 90 days or more.
        - ICD-9 and ICD-10 codes will be changed to align with the American Medical Association (AMA) Physician Consortium for Performance Improvement (PCPI) cancer value set.
        - All buprenorphine products indicated for medication-assisted treatment (MAT) will be excluded.
    - *CMS is planning to add only Measure #3 (OHDMP) as a Display Measure for 2019*. However, all three measures will continue to be available in the Patient Safety reports.
    - Note on morphine milligram equivalents (MME)
        - Current suite of measures defines a high dosage as a daily dosage of greater than 120 MME. CMS received several comments relating to dropping the MME to 90 to align with CDC recommendations. However, due to the timing of the measure development and the NQF

endorsement process, the measures have not been revised to lower the threshold. CMS will monitor updates as they become available regarding this update.

Looking at 2020 and Beyond

Potential Changes to Existing Measures

Controlling High Blood Pressure (Part C) – [Steward: NCQA]

- NCQA is evaluating potential updates based upon new hypertension treatment guidelines.

Plan All-Cause Readmissions (Part C) – [Steward: NCQA]

- NCQA is evaluating several, more substantive updates including stratification among individuals with a high frequency of index hospital stays.
- The specific items being considered for revisions include:
    - Including observation stays in the numerator and denominator
    - Revise the denominator to include the overall population instead of index hospital admissions
    - Adding death in the measurement year as a possible factor in risk adjustment

Medication Adherence for Cholesterol (Statins) (Part D) – [Steward: PDP]

- Measure specifications are updated for 2018 to exclude patients with ESRD. This exclusion will be applied in the same manner as the ESRD exclusion for the other two PQA Star Ratings adherence measures.
- CMS is proposing to apply the exclusion to the 2020 Star Ratings.

Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Reviews (Part D) – [Steward: PQA]

- Small update related to the qualifying population (i.e. denominator) based upon patients eligible for a CMR with fewer than 61 days of continuous enrollment in the MTM program. Members that did receive a CMR with less than 61 days of continuous enrollment will be included in the numerator and denominator for the measure. However, members that did not receive a CMR during the same time frame would be excluded from the measure.
- *Denominator exception described above is planned for the 2020 Star Ratings*.

Potential New Measures

Transitions of Care (Part C)

- CMS is currently collecting comments on the newly endorsed Transitions of Care measure that has 4 different indicators associated with it:
    - Notification of Inpatient Admission
        - Documentation of primary care practitioner notification of inpatient admission on the day of admission or the following day.
    - Receipt of Discharge Information
        - Documentation of primary care practitioner receipt of specific discharge information on the day of discharge or the following day.
    - Patient Engagement After Inpatient Discharge
        - Documentation of patient engagement (e.g., office visits, visits to the home, or telehealth) provided by primary care practitioner within 30 days after discharge.
    - Medication Reconciliation Post-Discharge (current HEDIS measure)
        - Documentation of medication reconciliation within 30 days of discharge.
- *CMS is proposing to include the measure with the four indicators on the 2020 display measure for possible inclusion in the 2022 Star Ratings.*

Follow-up after Emergency Department Visit for Patients with Multiple Chronic Conditions (Part C) – [Steward: NCQA]

- Potentially new HEDIS measure assessing follow-up care provided after an ED visit for patients with multiple, chronic conditions.
  - NCQA is currently assessing the proper time frame to assess the follow-up and the types of follow-up that may be appropriate for the measure.
  - *CMS is proposing to use as a display measure for 2020 and possibly include in the 2022 Star Ratings.*

Care Coordination Measures (Part C)

- CMS believes one of the most important aspects for MA organizations is to help better manage care transitions and coordinate care. CMS has identified potential, new measures to assess care coordination which are currently in measure testing for possible implementation in the future. More details will be provided at a later date.

Opioid Overuse (Part C) – [Steward: NCQA]

- NCQA has adapted the opioid measures developed and endorsed by PQA and will collect data for HEDIS 2018.
- For HEDIS 2019, NCQA will test a new measure concept to address members who were opioid naïve that become chronic users. NCQA will also test a second concept related to concurrent use of opioids and CNS depressants.
- CMS is looking for feedback on the measure concepts.

Adult Immunization Measure (Part C) – [Steward: NCQA]

- For HEDIS 2019, NCQA will build from the Pneumococcal Vaccination Coverage for Older Adults measure that uses electronic data from administrative claims, electronic medical records, case management systems and registries.
  - NCQA is going to evaluate the relevance of a composite measure that will assess the receipt of routine adult vaccinations. The four vaccinations of focus include:
    - Influenza
    - Tdap or Td booster
    - Herpes zoster
    - Pneumococcal
  - If the composite measure is approved, the measure would be included in HEDIS 2019 and depending ***upon the implementation and feedback on feasibility, CMS will evaluate the composite measure for the display page and Star Ratings.***

Polypharmacy Measures (Part D) – [Steward: PQA]

- CMS has reviewed the measures to potentially include in Patient Safety reporting. The measures and pertinent details are:
  - Polypharmacy: Use of Multiple Anticholinergic (ACH) Medications in Older Adults (Poly-ACH)
    - Measures the percentage of individuals 65 years and older with concurrent use of two or more unique anticholinergic medications
    - CMS is proposing to include the Poly-ACH measure to the 2018 Patient Safety reports and add the measure to the *2021 Display Page*. Will consider for 2023 Star Ratings.
  - Polypharmacy: Use of Multiple Central Nervous System (CNS)-Active Medications in Older Adults (Poly-CNS)
    - Measures the percentage of individuals 65 years and older with concurrent use of three or more unique CNS-active medications
    - CMS is proposing to include the Poly-CNS measure to the 2018 Patient Safety reports and add the measure to the *2021 Display Page*. Will consider for 2023 Star Ratings.
  - Concurrent Use of Opioids and Benzodiazepines
    - The percentage of individuals 18 years and older with concurrent use of opioids and benzodiazepines.

        - CMS is proposing to include the concurrent use measure in the 2018 Patient Safety reports and add the measure to the *2021 Display Page*. Will consider for 2023 Star Ratings

Additional PQA Medication Adherence Measures (Part D) – [Steward: PQA]

- Adherence to Non-Warfarin Oral Anticoagulants (ADH- NWOA)
- Adherence to Non-infused Disease Modifying Agents Used to Treat Multiple Sclerosis
    - During CMS testing of the measure, and the low prevalence of multiple sclerosis in many Part D contracts, it resulted in 19% of contracts having no members eligible for the ADH-MS measure and over 25% of contracts having a 100% adherence rate.
- CMS is not considering adding these adherence measures to the Patient Safety reports at the current time.
    - However, the high cost of the medications and importance of adherence for achieving positive outcomes, CMS may consider including the measures within the quarterly outlier reports to Part D contracts through the Patient Safety Analysis Website in the future.

General Items

Coverage Gap

- In a continued effort to reduce the coverage gap or "donut hole" associated with the Part D benefit, the co-insurance for 2019 is reduced. The cost sharing details for applicable and non-applicable medications are listed below:

Applicable Medications *(brand)*			
Year	Beneficiary Coinsurance (-5% from 2018)	Plan Liability (+5% from 2018)	Manufacturer Discount
2019	30%	20%	50%

Non-Applicable Medications *(generic)*		
Year	Beneficiary Coinsurance (-7% from 2018)	Plan Liability (+7% from 2018)
2019	37%	63%

Immunizations:

- Beneficiaries will be responsible for the costs associated with vaccinations at the co-insurance rate specified with Medicare Advantage. For 2019, the amounts are reduced for beneficiaries where they will pay 30% (5% less from 2018) and the plans will pay 70% of dispensing fees and administration fees while in the coverage gap.

Enhanced MTM Model Update:

- CMS originally planned to apply performance-based payments related to the enhanced MTM model in return for a minimum reduction in Medicare costs in addition to completing required data and quality reporting. The results from CY 2017 are scheduled to apply to the 2019 CY with the incentive payments; however, due to timing and operational considerations and program evaluation needs, CMS is still determining whether the incentives will be possible to help impact the 2019 premiums as originally intended.

2019 CY Estimated Proposed Out-of-pocket threshold: $8,906.55 (+$488.95 or 5.8%)

Annual MTM Eligibility Cost Threshold

- CMS defines the general criteria for MTM eligibility where one of the criterion is the expected annual Part D drug costs for beneficiaries. The threshold for the 2019 program will be adjusted and finalized in the 2019 Final Call Letter.