



PHARMACY QUALITY SOLUTIONS

Managing Performance Information in a Quality Driven World

A black and white photograph of three business professionals walking away from the camera down a modern office hallway. The hallway has large windows on the right side, and the floor is polished. The lighting is bright, creating a professional atmosphere.

**PQS Summary of Announcement of  
Calendar Year 2021 Medicare Advantage  
Capitation Rates and Part C and Part D  
Payment Policies**

**REGULATORY UPDATE**



PHARMACY QUALITY SOLUTIONS

# PQS Summary of Announcement of Calendar Year 2021 Medicare Advantage Capitation Rates and Part C and Part D Payment Policies

## Key Dates & Links

The Announcement of Calendar Year 2021 Medicare Advantage Capitation Rates and Part C and Part D Payment Policies was released on April 6, 2020. [Click to read source material.](#)

## Announcement Highlights

- Policy document summarized accommodations for Star Ratings related to COVID-19. No recommendations applied to adherence or patient safety measures commonly hosted between payers and community pharmacies.
- Improvement Measures will not include HEDIS or CAHPS measures and high performing plans won't be penalized if lack of improvement is observed with the 2021 Stars (part of hold harmless provision).
- All opioid related measures from PQA (opioids and BZDs, opioids at high dose, multiple providers and both high dose and multi-provider) are all added to the 2021 display page and are being considered as future Star Ratings measures.
- CMS has underscored their interest in patient reported outcomes and is trying to make the Health Outcomes Assessment measures a more efficient process. Instead of the Improving or Maintaining Physical and Mental Health measures, CMS is considering a new Physical Function Activities of Daily Living measure to assess performance of a 2-year time period.
- NCQA is currently assessing the potential harm of overtreating patients with type 2 diabetes and which measures may best support quality improvement in this area.
- Generic Utilization Rate measure concepts were proposed by CMS and feedback was mostly negative and non-supportive. CMS is going to review feedback and consider the best path forward in future years.
- For the IOP-LD measure, CMS will begin reporting the IOP-LD measure in the Patient Safety reports for the 2020 measurement year, and add the measure to the display page for 2023 (2021 data) and 2024 (2022 data).

## Medication/Pharmacy Related Quality Measures associated with the 2021 CY Star Ratings

**The methodology for the 2021 Calendar Year (CY) Part C and D Star Ratings was finalized with the CY 2019 Final Rule. As a result, changes to the 2021 methodology cannot be changed and comments received during the open comment period in the 2019 Final Rule will be considered for future years.**

On March 31st, 2020, CMS published a Public Health Emergency Interim Final Rule (CMS-1744-IFC) to support accommodations for the data collection associated with the Star Ratings for challenges imposed by the COVID-19 pandemic. The accommodations cover:

1. Removes requirement for plan sponsors to submit HEDIS and CAHPS data that would have been collected in 2020.
2. Provides guidance on how CMS may calculate or assign Star Ratings for 2021 in the event critical actions are needed by CMS and its contractors whereby neither can complete the necessary work to calculate Star Ratings
3. For measures that have systemic data issues, CMS will allow the use of the 2020 CY Star Ratings at the measure level to replace the measure data that had data issues.
4. Replacing Health Outcomes Survey (HOS) data collection in 2020 with earlier values prior to the pandemic.
5. Removes guardrails for the 2022 Star Ratings and delays the implementation to 2023
  - a. Guardrails are safety measures to help prevent cut points from large increases or decreases each year. Due to the chance that some measures could have a lower performance than normal, CMS is removing the guardrail in the event cut points need to be lowered beyond the 5% drop that is allowable under the current regulations.
6. Expands provisions for hold harmless rules for the Part C and D Improvement measures
  - a. Allows contracts who are high performing to not be negatively impacted on the Improvement measures in the event continued improvement is not achieved.
7. Further defines a “New MA plan”, to help plan sponsors understand how 2021 Star Ratings data will leverage data from prior years.

## Medication/Pharmacy Related Quality Measures associated with the 2021 CY: Part C and D Star Ratings and Future Measurement Concepts

### Measure Updates for 2021 Star Ratings (Page 80)

#### Improvement Measures (Part C & D)

- CMS received many comments on suggestions for changing the measures including recommendations for including data from the annual flu vaccine measure and removal for CAHPS or HOS measures from the calculation.
- CMS will use the 2020 Star Ratings for all HEDIS and CAHPS measures for the 2021 Part C and Part D improvement measures.
- As a reminder, the Statin Use in Persons with Diabetes is now a triple weighted measure for 2021 and would be included in the Part D Improvement Measure.

## Medication/Pharmacy Related Quality Measures associated with the 2021 CY: Part C and D Star Ratings and Future Measurement Concepts (cont.)

### Changes to Existing Star Ratings and Display Measures (Page 91)

#### Patient-Used Device Data for HEDIS – Part C [General Note]

- NCQA has stated the organization is considering new sources of data, including data sources coming directly from patients to satisfy the data needs of many existing HEDIS measures. The example shared by HEDIS was the Controlling High Blood Pressure measure, whereby HEDIS would begin accepting readings from patient's home blood pressure machines. The readings meeting the intent of the measure, would allow patients to qualify for the numerator.
- Furthermore, NCQA stated the organization is looking to facilitate the addition of other technologies to help include patient data into clinical data repositories in the future.
- **PQS Radar Watch** – due to willingness to consider patient generated data, trends may continue whereby additional data sources are considered for outcome-based quality measures from HEDIS. This represents a shift in thinking as most HEDIS measures have historically specified very limited channels for data with most data sources originating from medical charts and EMRs.

#### Antipsychotic Measures (Part D)

- Antipsychotic Use in Persons with Dementia Overall (APD)
- Antipsychotic Use in Persons with Dementia, for Community-only Residents (APD-COMM)
- Antipsychotic Use in Persons with Dementia, for Long-term Nursing Home Residents (APD-LTNH)
- Summary related to this suite of measures:
- Only updated methodology and clarifications related to calculations were provided. Language was provided to clarify the multiple dates of service and days' supply requirements.

#### Opioid-Related Measures (Part D)

- Concurrent Use of Opioids and Benzodiazepines (COB)
- Use of Opioids at High Dosage in Persons Without Cancer (OHD)
- 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)
- Summary related to this suite of measures
  1. All of the measures above will be added to the 2021 display measures.
  2. Updated specifications allow for the exclusion of patients with a sickle cell diagnosis at any point in the calendar year.
  3. CMS stated that none of the measures above should be considered prescribing limits, and CMS will monitor for any unintended consequences of hosting these measures.
  4. The measures (all or some) will be considered as potential future Star Ratings measures.

#### Medication Adherence (ADH) for Hypertension, Diabetes and Cholesterol medications (Part D)

- Measures were tested by the Pharmacy Quality Alliance (PQA) for potential risk adjustment. PQA developed draft recommendations for sociodemographic status, dual/low income subsidy, and disability status.
- Risk adjustment was endorsed by the National Quality Forum; however, CMS has not implemented the recommend risk adjustment for these measures as the recommended change would need to be proposed and go through the rulemaking process. As a result, CMS will consider the recommended changes in the future.

## Medication/Pharmacy Related Quality Measures associated with the 2021 CY: Part C and D Star Ratings and Future Measurement Concepts (cont.)

### Potential New Measure Concepts (Page 98)

#### Prior Authorizations (Part C)

- CMS is just starting to look at a new measure concept for prior authorizations and will begin hosting on the display page once complete. CMS has expressed early interest to shift the measure into a future Star Rating.
- CMS understands the need and value of prior authorizations to control costs and improper use of medications, but also wants to ensure access to valuable medications and treatment in a timely fashion.
- CMS received several comments and will take the comments into consideration as it creates the initial draft of the Prior Authorization measure.

#### HOS Measures (Part C)

- CMS very clearly indicated its interest to receive information on patient outcomes, as patients are the source of truth on their own outcomes. CMS had proposed targeted patient-reported outcome (PRO) measures to hold plan sponsors accountable for member outcomes.
- CMS' interest on PRO measures relates to measures with a more longitudinal focus, especially on a member's functioning and Activities of Daily Living (ADL). Specifically, CMS is planning to post a Physical Functioning Activities of Daily Living (PFADL) change measure on the 2021 and 2022 display page and CMS may consider the measure as a Star Rating in future years.

#### Generic Utilization (Part D)

- CMS believes more room for improvement still exists on the use of branded products, especially for biosimilars, where available.
- The following three concepts for a generic utilization measure were reviewed:
  - 1. Generic Substitution Rate**

Total number of generic fills divided by the sum of brand and generic fills for drugs that had approved therapeutically equivalent generic products that were available on the market at the time of the fill
  - 2. Generic Therapeutic-Alternative Opportunity Rate**

Total number of brand fills divided by the sum of brand and generic fills within select drug classes or subclasses where both brands and generics are available. Classes consisting of only brand National Drug Codes (NDCs) or only generic NDCs will be excluded from the measure.
  - 3. Biosimilar Utilization Rate**

Total number of biosimilar fills divided by the sum of reference biologics and biosimilar fills for biologics for which there were licensed biosimilars available on the market at the time of the fill
- The comments CMS received related to this measure concept area were largely negative and that the use of these measures could lead to unintended consequences. CMS said they would take all feedback into consideration and continue reviewing the best options for the future.

#### Diabetes Overtreatment (Part C)

- NCQA is currently evaluating new measure concepts for patients potentially being overtreated for Type 2 diabetes. Due to relaxed glycemic control guidelines for populations who may not benefit from intense glycemic control, NCQA is evaluating if some members are being overtreated which may have been creating more hypoglycemic events.
- NCQA also mentioned the consideration of an outcome-based measure among adults with diabetes which would also assess hospitalizations, ED visits, and observation stays due to hypoglycemia.
- If the measure is developed and approved, the measure would begin as a HEDIS 2021 measure.

## Medication/Pharmacy Related Quality Measures associated with the 2021 CY: Part C and D Star Ratings and Future Measurement Concepts (cont.)

### Potential New Measure Concepts (Page 98)

#### Initial Opioid Prescribing (IOP) Measures (Part D)

- PQA developed three new opioid measures to help monitor initial opioid prescribing that have the potential to increase the risk for chronic opioid use disorder.
- The three IOP measures are:
  1. Initial Opioid Prescribing at High Dosage (IOP-HD)
  2. Initial Opioid Prescribing for Long Duration (IOP-LD)
  3. Initial Opioid Prescribing for Long-Acting or Extended Release Opioids (IOP-LA)
- To help account for members who may not have been enrolled for a full benefit year, the IOP measures would have a member-years adjustment.
- All three measures have the same denominator population, and the rates that are shown vary among the patients meeting the numerator intent of each of the three measures.
- Measure rates for the IOP – Long Acting measure were very low (i.e. mean across 641 contracts was 1.07%).
- CMS stated they will only report the IOP-LD in the Patient Safety reports for the 2020 measurement year, and at the current time the other two IOP measures will not be added. CMS plans to add the IOP-LD measure to the display page for 2023 (2021 data) and 2024 (2022 data). After gaining experience with the measure, CMS may consider adding the measure as a Star Rating.