



PQS

**PQS Summary:
Pharmacy/Medication-Related Updates
in the CY2023 Rate Announcement**

Regulatory Update



PQS Summary: Pharmacy/ Medication-Related Updates in the CY2023 Rate Announcement

On April 4, 2022, CMS released the “Announcement of Calendar Year (CY) 2023 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies”. You can access the full CMS publication [HERE](#).

Why read the PQS Summary of the 2023 Rate Announcement?

The Star Ratings program utilizes data from prior years to inform future program design. It is imperative that Health Plans, PBMs, and Pharmacies understand how performance will be evaluated and used for future years. Understanding the CMS’ guidelines and guardrails for the program is critical to planning and may lead to further success in the program.

Effective with the May 2022 performance refresh in EQUIPP®, Pharmacy Quality Solutions (PQS) will begin to display performance measure results for the 2022 Measurement Year. Login to EQUIPP® to continue tracking performance scores for the current calendar year (CY 2022) and best understand where opportunities for continuous quality improvement exist within the data for CY 2022.

High-Level Summary of Measure-Related Updates in CY 2023 Advance Notice



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Patient Experience/Complaints and Access



STILL ON TARGET

A general reminder that patient experience/complaints and access measures currently in the Star Ratings program will increase from a double-weighted (2x) to a quadruple-weighted (4x) measure for 2023.



Part C Changes of Interest: Controlling High Blood Pressure



STILL ON TARGET

After being a display measure for some time, the Controlling Blood Pressure (CBP) measure is making a return as a new Star Rating measure for 2023. CBP will be single-weighted for 2023 but will increase to a triple-weighted measure for 2024 Star Ratings. As a reminder, 2024 Star Ratings will be based on data from this 2022 measurement year.



Part D Changes of Interest: Various



UPDATE



SUPD Changes

- Statin Use in Persons with Diabetes (SUPD) has several changes for 2023:
 - o Measure Type: SUPD will move from an intermediate outcome measure to a process measure
 - o Weighting: SUPD weighting will decrease from the current triple-weighting (3x) to a single-weighting (1x)
- The Pharmacy Quality Alliance (PQA) proposed to redefine the following measure exclusions for SUPD. If these changes are adopted by PQA, CMS will implement these updates for the 2022 measurement year to impact the 2024 Star Ratings.
 - o Liver disease exclusion: Will only include beneficiaries with a diagnosis of cirrhosis during the measurement year.
 - o Measure NCD List: Dapagliflozin and empagliflozin have been removed as single ingredients from the measure NDC list due to indications that extend beyond diabetes.



UPDATE

CMS will implement the narrowing of the liver disease exclusion and the removal of the dapagliflozin and empagliflozin single ingredient from the measure NDC medication list for the 2022 measurement year (2024 Star Ratings).



Adherence Measure Changes

- PQA is proposing to remove Prescription Drug Hierarchical Condition Categories (RxHCC) codes from all measures.
 - Rationale: Better align the diagnosis codes used for exclusions and the NDC medication value sets.
 - Impact: The RxHCC codes for identifying End-Stage Renal Disease (ESRD) will no longer be used to identify ESRD diagnoses in PQA endorsed measures. CMS will continue to use the Common Working File (CWF) and Encounter Data System (EDS) to identify ESRD diagnoses based upon ICD-10 codes.
- If PQA adopts these changes, CMS will implement these updates for the 2022 measurement year to impact the 2024 Star Ratings.



UPDATE

The RxHCC codes will be removed from the measures for the 2022 measurement year (2024 Star Ratings).

- CMS is currently testing and soliciting feedback regarding risk adjustments for socioeconomic status (SES) or sociodemographic status (SDS) according to PQA measure specifications as endorsed by the National Quality Forum (NQF). CMS is evaluating the following characteristics as consideration for the adjustments:
 - Age
 - Gender
 - Dual eligibility/low-income subsidy (LIS) status
 - Disability status
- CMS is considering no longer using member-years of enrollment. Instead, CMS would use PQA's measure specifications for continuous enrollment during the treatment period which does not contemplate an adjustment for inpatient (IP) or skilled nursing facility (SNF) stays, if the SDS risk adjustment is applied to the medication adherence measures as described above.



UPDATE

CMS is considering some changes: a) use of the SDS risk adjustment, b) discontinuation of member-years of enrollment and using continuous enrollment, and c) removal the IP/SNF stay adjustment.



Statin Therapy for Patients with Cardiovascular Disease (CVD)

- The National Committee for Quality Assurance (NCQA) is reviewing their approach to identify patients with statin intolerance and is considering an exclusion for patients who cannot tolerate but are receiving treatment with PCSK9 inhibitors. If CMS proceeds, it would apply for the 2023 measurement year impacting the 2025 Star Ratings.



UPDATE

NCQA will not pursue changes for the 2023 measurement year.

Diabetes Care Measures



- NCQA is considering developing new measures focused on eye exams and controlling blood sugar for diabetics. They are investigating whether they can leverage electronic clinical data to better assess diabetes outcomes, including HbA1c control over time. NCQA plans to explore incorporating information from continuous glucose monitoring (CGM) and glucose management indicator (GMI) data into future specifications.



UPDATE

NCQA will continue to explore, and CMS will continue to provide feedback.

Controlling Blood Pressure



- NCQA is also exploring feasibility of a new measure to leverage electronic clinical data to assess blood pressure control over time as opposed to assessing control based upon the most recent blood pressure reading. If a measure is developed, CMS would look strongly, through the rulemaking process, to replace the existing measure with the aforementioned new CBP measure.



UPDATE

NCQA will continue to explore, and CMS will continue to provide feedback.

Adult Immunization Status



- Overview: This NCQA measure assesses patients receiving influenza, Td/Tdap, Zoster, and pneumococcal vaccines and is specified for Electronic Clinical Data Systems (ECDS) reporting standards. This means that data to support the measure are/can be captured from administrative claims, immunization registries, Electronic Health Records (EHR), etc.
- Potential Changes: For the Healthcare Effectiveness Data and Information Set (HEDIS) measurement year 2023, NCQA is considering several potential changes
 - o Changing guidelines for pneumococcal and influenza by lowering the age to 18 and older for all Medicare members.
 - o For Star Ratings, vaccine status is currently scored for a sample of members through Consumer Assessment of Healthcare Providers and Systems (CAHPS) across all Medicare members. In the future, CMS may consider changing the data source used to capture influenza vaccination to use HEDIS results for the influenza indicator of Adult Immunization Status, instead of the CAHPS survey. CMS may also consider the same update for the pneumococcal indicator of Adult Immunization Status.



Support was expressed for a more robust Star Rating immunization measure that would be designed to capture more than influenza and pneumococcal vaccines. CMS will take this feedback into consideration and continue to explore updates to CMS' immunization measures. Any changes to the current influenza vaccination measure or the addition of a more comprehensive immunization measure would need to be proposed through rulemaking.

COVID-19 Vaccination Rate



- CMS is continuing to ask for feedback on a COVID-19 vaccination rate for the Part C and D performance measure display page; however, most commenters have expressed that it is still too early to develop a measure for this. CMS continues to welcome feedback but has not made a final decision on the go-forward approach for this measure concept to date.



Due to the ever-evolving nature of this immunization, no decisions were made and both NCQA and CMS will continue to explore updates to the Adult Immunization Status Measure.

Opioid Measures



- The PQA updated measure specifications in the draft 2022 measure manual to exclude beneficiaries in palliative care during the measurement period for all of the opioid measures. Specifically for:
 - o Concurrent Use of Opioids and Benzodiazepines (COB)
 - o Initial Opioid Prescribing for Long Duration (IOP-LD)
 - o Use of Opioids at High Dosage in Persons without Cancer (OHD)
 - o Use of Opioids from Multiple Providers in Persons without Cancer (OMP)



CMS will add palliative care as an exclusion to the opioid display page measures for the 2022 measurement year (2024 display page) and will use the PQA Value Sets including ICD-10 codes to administer the exclusion.



Initial Opioid Prescribing (IOP-LD)

- This measure is included in the Part D Patient Safety reports and CMS plans to add this measure to the display page for 2023 (2021 data) and 2024 (2022 data).



UPDATE

CMS continues to support the addition of the IOP-LD measure to the display page for 2023 (2021 data) and 2024 (2022 data) and will further consider adding the IOP-LD measure to the Star Ratings through future rulemaking.



Persistence to Basal Insulin (PST-INS) Measure (Part D)

- This measure assesses the percentage of beneficiaries who are 18 years of age or greater who were treatment persistent to basal insulin during the measurement year. A higher rate indicates better performance. CMS tested the PST-INS measures using year of service 2020 Prescription Drug Event (PDE) data based on PQA's measure specifications of continuous enrollment and with contracts greater than 30 beneficiaries.



UPDATE

CMS will begin reporting the PST-INS measure in the Patient Safety reports for the 2022 measurement year and will add this measure to the display for 2024 (2022 data) and 2025 (2023 data).

Measures for Comment

- **Social Risk Factor (SRF):** In general, CMS is focusing on ideas for how plan sponsors can better identify and then address disparities in care provided to members with a particular SRF. The ultimate goal is to reach equity by eliminating health disparities or differences in contract performance by SRFs, consistent with efforts under Executive Order 13895 to advance health equity.
 - o CMS is considering Stratified Reporting for Part C and D by expanding efforts to report differences in contract performance on additional Star Ratings measures for subgroups of beneficiaries with SRFs:
 - Disability
 - LIS status
 - Dual Eligibility (DE) status through confidential reports in Health Plan Management System (HPMS) to organizations and sponsors
 - o CMS is planning to stratify both process and outcome measures, as well as CAHPS measures when appropriate.



UPDATE

CMS will begin sharing confidential stratified reports with contracts through this spring and will begin by stratifying scores for a subset of Star Ratings measures by Low Income Subsidy (LIS) vs. non-LIS and for disabled vs. nondisabled. National performance scores will be provided for benchmarking.

- **Health Equity Index:** CMS is developing a health equity index as a methodological enhancement to the Star Ratings that summarizes contract performance among those with SRFs across multiple measures into a single score. CMS is considering the feasibility and utility of incorporating the Area Deprivation Index (ADI) into the health equity index with the goal to improve health equity. By incentivizing contracts to perform well for socially at-risk beneficiaries, plan sponsors could reduce any disparities through care improvements by focusing resources on more effective interventions for at-risk beneficiaries.



UPDATE

CMS received many mixed reviews regarding the implementation of the health equity index; however, CMS will plan to provide Part C and D sponsors with information about how their contracts perform on the proposed health equity index later this year. Please note, the addition of a health equity index to Star Ratings would need to be adopted through the rulemaking process.

- **Value-Based Care Arrangements:** CMS is considering developing a measure to capture the value-based care arrangements Medicare Advantage (MA) organizations have with providers based on health outcomes and quality of services provided to their patients. This includes how plans are aligning incentives with their providers so that they are rewarding better value and outcomes rather than the volume of services. CMS is interested in feedback on how to potentially structure a measure that focuses on how MA organizations contract with providers, what percentage of their providers have value-based contracts, and what types of arrangements these contracts entail.



CMS received mixed comments and reactions to this measure concept. As such, CMS will continue to consider the feasibility of creating this type of measure for the display page.

What's Next?

Thank you for reading the PQS summary of the 2023 Rate Announcement for Star Ratings. Be on the lookout for additional communications as we will provide our clients with a synopsis of the Final Call letter anticipated to be published by CMS this April.

If you have any questions or comments, feel free to reach out to your PQS account manager or info@pharmacyquality.com. We appreciate your partnership and collaboration towards improving quality of care and patient health outcomes.