Summary: Pharmacy/Medication-Related Updates in the CY2024 Proposed Rule

Regulatory Update

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On December 14, 2022, CMS released the Proposed Rule for Calendar Year (CY) 2024 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs. You can access the full CMS publication HERE.

Why is this PQS Summary of the 2024 Proposed Rule Useful?

Pharmacy Quality Solutions (PQS) remains ingrained in quality measure performance improvement. Therefore, understanding proposed changes for the upcoming calendar years regarding quality measures and technical operations of the Star Ratings program is vital to supporting quality improvement strategies for the clients we serve. Staying ahead of pending changes is critical to ensuring the populations you serve are receiving the highest quality of care and that value-based arrangements are maximizing opportunities. As a reminder, many proposed changes will use 2024 performance data to guide 2026 thresholds.

Effective with the February 2023 performance refresh in EQUIPP®, PQS will display performance measure results for the full 2022 calendar year. Login to EQUIPP to see how performance scores concluded for 2022 and better understand opportunities for continuous quality improvement.

Summary of Measure-Related Updates in CY 2024 Proposed Rule

General Summary and Comments
Page 3

Proposed Measure Removals
Page 3

Proposed Measure Updates
Page 4 - 7

Other Quality Items of Interest
Page 8

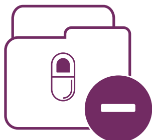
General Summary and Comments

In the CY 2024 Proposed Rule, CMS is taking a firm stance on key initiatives that have been previously socialized as becoming a cornerstone of quality improvement.

These areas include:

- Expanded scope to include medication-related quality measures
- Focus on Health Equity with the addition of a Health Equity Index (HEI)
- Reduced emphasis on Customer Experience measures with an increase in Utilization Management requirements
- Medication Therapy Management program updates

For the purposes of this summary, we will focus on changes related to Quality Measures. You will note that many of the changes are reflective of CMS' commitment to focus on improving quality of care for members with Social Risk Factors (SRF) and promoting Health Equity.



Proposed Measure Removals

Part C Diabetes Care – Kidney Disease Monitoring measure

- This portion of the Diabetes Care measure has been retired by its steward, NCQA.
- CMS is proposing to replace this measure with the Kidney Health Evaluation for Patients with Diabetes measure (KED). See Measure Additions below for more details.

Part C Medication Reconciliation Post-Discharge measure

- CMS believes this measure to be duplicative of the Medication Reconciliation Post-discharge (MRP) component of the Transitions of Care (TRC) measure which has already been codified to be included in the 2024 Star Ratings.
  i. TRC measure involves:
    1. Medication Reconciliation Post-Discharge
    2. Notification of Inpatient Admission
    3. Patient Engagement After Inpatient Discharge
    4. Receipt of Discharge Information
- Currently, CMS is implementing the TRC measure only in the Part C Star Ratings program. However, as TRC is a HEDIS measure, CMS is suggesting that over time, it may be used in other programs.

Process Change Proposal for Measure Removals

- CMS proposes adding a new rule for measure removal whereby CMS *will have the authority to remove a measure from the Star Ratings program when a measure is retired by any measure steward that is not CMS.*

Proposed Measure Updates

Part C Colorectal Cancer Screening measure

- CMS proposes to update the existing measure by adopting the recommendation by NCQA to extend the age range for the Colorectal Cancer Screening measure for adults aged 45-49, resulting in an updated age range of 45-75. This change would impact CY 2024 and subsequent measurement years.
- This change has been endorsed by NCQA and would increase the size of the population covered by this measure, making this a substantive measure update.
- The Colorectal Cancer Screening measure (COL,COL-E) assesses adults who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, computed tomography colonography every 5 years, stool DNA test every 3 years.

Part C Care for Older Adults – Functional Status Assessment measures

- CMS proposes to add the Care for Older Adults (COA) – Functional Status Assessment measure back to the Star Ratings in 2026 after residing on the display page. COA underwent a substantive measure specification change causing the shift to the display page.
- The COA measure is collected for Special Needs Plans (SNPs). It assesses the percentage of adults 66 years and older who had each of the following and is reported separately for each indicated assessment:
  i. Medication Review
  ii. Functional Status Assessment
  iii. Pain Assessment
- 2024 data will be used to evaluate this measure for the CY2026 Star Ratings.

Proposed Measure Updates (continued)

Part D Medication Adherence (PDC) for Diabetes, RASA, and Cholesterol measures

- CMS proposes to implement a risk adjustment based on sociodemographic status (SDS) characteristics.
- The proposal indicates the change would first impact the 2028 Star Ratings using 2026 measurement year data.
- Factors indicated for inclusion in the member-level SDS characteristics are the following:
  i. Age
  ii. Gender
  iii. Dual eligibility/low-income subsidy (LIS) status
  iv. Disability status
- Stratification by these four SDS characteristics will allow health plans to identify social disparities and additionally understand how member population mix affects measure rates.
- Impact Assessment by CMS:
  i. Using 2019 measurement year data, CMS calculated SDS risk adjusted PDC measure rates and recalculated the CAI values excluding these three measures. Next, CMS recalculated the overall and Part D summary ratings using the SDS risk adjusted PDC measure performance scores, subsequently revised the CAI values, the 2021 Star Ratings for other measures, and the reward factor. This analysis revealed the following:
     1. Threshold shifts for measure-level cut points with the implemented SDS risk adjustment scores were minimal for both MA-PD and PDP contracts. Impact ranged from –2% to +1% for MA-PD contracts and about –2% to +3% for PDP contracts.
     2. CMS found that for both MA-PD and PDP contracts, ~ 60-70 percent of contracts retained the same star level across the 3 PDC measures.
     3. Observed shifts in star levels were only 1-star level and usually shifted in a positive direction when the SDS risk adjustment was applied.
     4. One percent of MA-PD contracts shifted 2-star levels measures and were primarily upwards (with one exception).
        a. For Diabetes PDC, 82% of MA-PD contracts and 59% of PDP contracts retained the same star level. However, among programs whose Star Rating has shifted, it is important to note that most saw a 1-star reduction.

  ii. CMS found in their analysis that the SDS risk adjustment would be too time consuming for the three PDC measures and would remove these measures in determining the Star Ratings categorical adjustment index (CAI).

Proposed Measure Updates (continued)

Part D Medication Adherence (PDC) for Diabetes, RASA and Cholesterol measures (continued)

1. Impact analysis on the PDC measures being excluded from the CAI resulted in the following:
   a. For most MAPD contracts, CMS found that 81% of contracts retained the same Part D summary rating, 11% decreased by half a star, and 7% increased by half a star.
   b. For most PDP contracts, CMS found the impact to be neutral or positive; 63% of contracts retained the same Part D summary rating star level while 37% increased by a half a star. *No PDP contracts had a decrease in their Part D summary rating.*
   c. CMS' analysis revealed a minimal change in the Star Ratings thresholds ranging from -0.07 to +0.02 for mean percentile thresholds and -0.08 to +0.008 for variance percentile thresholds.

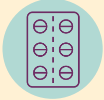
- CMS is also proposing to adopt the utilization of continuous enrollment (CE) instead of member-years (MYs) adjustment and to no longer adjust for stays in inpatient (IP) settings and skilled nursing facilities (SNFs).
  i. This proposed methodology is how PQS currently calculates measure performance scores.
  ii. The CMS reported impact and current PQS analysis indicate a difference of ~1% in performance scores when this change is implemented.
- If finalized, the current medication adherence measures will remain in the Star Ratings. However, the updated PDC measures with the SDS risk adjustment would be on the display page for at least 2 years (beginning with the 2024 CY for the 2026 display page). Beginning measurement year 2026 (2028 Star Ratings), CMS would move the re-specified measures from display page to Star Ratings and the legacy measures would be removed.

Part C Kidney Health Evaluation for Patients with Diabetes measure (KED)

- The KED measure evaluates the percentage of members 18–85 years of age (stratified) with diabetes (type 1 and type 2) who received a kidney health evaluation.
- A Kidney Health Evaluation is defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.
- This measure would replace the prior related measure, Diabetes Care – Kidney Disease Monitoring.

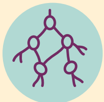
Proposed Measure Updates (continued)

The following measures have been reported on the display page since 2021 (2019 data) and are proposed to be included in the 2026 Star Ratings (CY 2024 data):



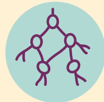
Part D Concurrent Use of Opioids and Benzodiazepines measure (COB)

- Measures the percentage of individuals ≥18 years of age with concurrent use of prescription opioids and benzodiazepines.



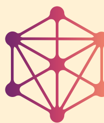
Part D Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults measure (Poly-SCH)

- Measures the percentage of individuals ≥65 years of age with concurrent use of 2 or more unique anticholinergic medications.



Part D Polypharmacy Use of Multiple Central Nervous System Active Medications in Older Adults (Poly-CNS)

- Measures the percentage of individuals ≥65 years of age with concurrent use of 3 or more unique central nervous system (CNS)-active medications



These measures are all supported by EQUIPP® and are currently being utilized by health plan and pharmacy partners.

Interested in getting ahead? PQS and pharmacies are here to help! See page 8 for information on how to contact us.

Other Quality Items of Interest

MTM Eligibility Criteria Updates

- Chronic Condition expansion
  i. All plan sponsors would be required to include ALL core chronic diseases when identifying enrollees who have multiple chronic diseases. Those disease states are the following:
    1. Alzheimer's
    2. Bone Disease-Arthritis (osteoporosis, osteoarthritis, etc.)
    3. Chronic CHF
    4. Diabetes
    5. Dyslipidemia
    6. ESRD
    7. Hypertension
    8. Mental Health (depression, schizophrenia, bipolar, etc.)
    9. Respiratory Disease (COPD, asthma, etc.)
    10. HIV/AIDS (newly added with this proposed rule)
- Included Drug Requirement
  i. CMS is proposing to decrease the maximum number of Part D drugs a sponsor may require (from 8 to 5) for plan years beginning on or after January 1, 2024.
  ii. Additionally, CMS would require plans to consider ALL Part D maintenance drugs for this calculation's purpose.
- Annual Cost Threshold:
  i. With the implementation of the above 5 drug rule and ALL drug consideration, CMS is proposing to set the MTM cost threshold at the average cost of 5 generic drugs.
  ii. By calculating the average daily cost of generic drugs using prescription drug event (PDE) data, the estimated effective threshold would be ~$1,004 (based upon 2020 drug pricing data).
- Delivery method:
  i. CMS is proposing to require that a Comprehensive Medication Review (CMR) be performed either in person or via synchronous telehealth. More specifically, CMS is requiring the CMR to include an interactive consultation that is conducted in real-time.
  ii. Health Plans would retain the discretion to determine whether the CMR can be performed in person or using the telephone, video conferencing, or another real-time method.

What's Next?

Thank you for reading the PQS summary of the 2024 Proposed Rule. Be on the lookout for additional communications as we will provide our clients with further updates.

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.