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Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies [Docket No.: CMS-2023-0010]

Ms. Wuggazer Lazio,

The National Community Pharmacists Association (NCPA) appreciates the opportunity to provide feedback on CMS' *Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies*.

NCPA represents America's community pharmacists, including 19,400 independent community pharmacies. Almost half of all community pharmacies provide long-term care services and play a critical role in ensuring patients have immediate access to medications in both community and long-term care (LTC) settings. Together, our members represent a $78.5 billion healthcare marketplace, employ 240,000 individuals, and provide an expanding set of healthcare services to millions of patients every day. Our members are small business owners who are among America's most accessible healthcare providers.

Star Rating System Changes

NCPA appreciates the ongoing CMS commitment to transparency and improving the patient experience by continuing to evolve the Star Ratings for Part D as well as the commitment to providing advance notice in making substantive changes to Star Ratings. NCPA continues to support and encourage CMS to recognize the ongoing Pharmacy Quality Alliance (PQA) work on pharmacy-level metrics and further and complete integration of those metrics into the Star Ratings system. NCPA fully supports these efforts and encourages CMS to continue to monitor developments and modifications made by PQA, as these efforts can lead to more consistent measurement of pharmacy quality in the Part D program, thus positively impacting beneficiary outcomes. NCPA recognizes the work of CMS to continue to review and adopt exclusions of certain patient populations, which NCPA has offered in past comments to previous call letters, in

order to provide better data on pharmacy compliance and ensure valid measurements of the metric.

Advanced Alternative Payment Models

CMS discusses that the Medicare Access and CHIP Reauthorization Act of 2015 requires payment of an incentive for physicians and other eligible clinicians who become qualifying APM participants (QPs) through sufficient participation in an Advanced Alternative Payment Model (A-APM) for payment years from 2019 through 2024.

Pharmacists have been unfairly excluded from A-APMs. Several quality measures are medication-related, and therefore can be impacted by pharmacist interventions. In current models of care, pharmacies are involved only tangentially because they are not paid in A-APMs, with health systems and hospitals often hiring or contracting pharmacists to provide these services. **CMS should pay community pharmacies under A-APMs under a voluntary, opt-in program, as pharmacists can provide these services through the highly accessible, frequent touchpoints with patients made available via community pharmacies.**

Diabetes Care – Eye Exam and Diabetes Care - Blood Sugar Controlled (Part C)

CMS states that NCQA is reviewing these two measures for potential updates to the existing specifications and updates that leverage standardized electronic clinical data. NCQA is re-evaluating the approach to identify whether an enrollee has diabetes and would be included in the denominator to reflect the evolution of claims data coding practices, pharmacy practices, and the use of electronic clinical data. CMS is welcoming comment on these potential clarifications to determining which enrollees have diabetes.

NCPA supports CMS defining in a more precise way whether patients have diabetes, as this would impact Star Ratings and could have downstream effects on pharmacy.

Statin Use in Persons with Diabetes (SUPD) (Part D)

CMS will make the following non-substantive updates to the SUPD measure beginning with the 2024 measurement year and 2026 Star Ratings: 1) to use continuous enrollment (CE) to fully align with the PQA specifications and to no longer adjust for member-years (MYs), and 2) to align with the PQA age criteria specifications. CMS solicited feedback on using the CE specifications instead of MYs in the 2023 Advance Notice. These changes are non-substantive updates because they are updates with no change to the intent of the measure or the target population.

NCPA supports these updates. NCPA members have voiced concerns about patients attributed to their pharmacy in quality measurement programs not meeting criteria for inclusion in the denominator. By addressing this issue at the plan level, CMS will be excluding from the measure patients that should be excluded (for example, because of death or because they do not meet the qualifications of the measure). Improving the denominator also results in faster updating of plan scores, which NCPA hopes will filter down to faster feedback for pharmacies. CMS' plan to use continuous enrollment (CE) to fully align with the PQA specifications and to no longer

adjust for member-years (MYs) will provide for more accurate measurement, as CMS is not counting those not in the plan for the entire plan year.

MTM Program Completion Rate MTM Program Completion Rate for Comprehensive Medication Review (CMR) (Part D)

CMS states that beneficiaries who are in hospice at any point during the reporting period are excluded from this measure. The Medicare Enrollment Database (EDB) is used to exclude beneficiaries in hospice. Starting with the 2023 reporting period for the 2025 Star Ratings, CMS will pull the EDB data to identify beneficiaries in hospice in June after the reporting period, which aligns with when the Part D Reporting Requirements data are pulled from HPMS. The data validation results are pulled in July of the year following the reporting period. This is a non-substantive change as described at § 423.184(d)(1) since this change does not meaningfully impact the numerator or denominator of the measure.

NCPA supports the proposed change to exclude hospice enrollees from the CMR completion rate measure. NCPA still supports eligibility of hospice patients for the MTM program, and supports CMS monitoring that ensures hospice patients are not neglected from MTM programs and are getting the services that they need to ensure optimal medication use. That being said, NCPA asks CMS to provide protections to pharmacies to make sure that they are not penalized when hospice patients are taken off medications, such as statins, which are in other measures and when hospice patients do not survive the measurement period. Hospice patients should not be included in either the numerator or denominator of quality scoring.

Depression Screening and Follow-Up (Part C)

CMS is considering whether to add the HEDIS Depression Screening and Follow-up for Adolescents and Adults measure to the 2026 Star Ratings display page and welcomes feedback on this measure. **NCPA supports CMS compensating pharmacists for depression screenings in a voluntary-opt in model, and pharmacists should also have access to their reports.**

Adult Immunization Status (Part C and D)

CMS plans to add NCQA's Adult Immunization Status measure to the 2026 display page starting with data from the 2024 measurement year. This measure assesses the receipt of influenza, Td/Tdap, zoster, and pneumococcal vaccines. **NCPA supports this measure.**

Concurrent Use of Opioids and Benzodiazepines (COB), Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH), and Polypharmacy Use of Multiple Central Nervous System Active Medications in Older Adults (Poly-CNS) (Part D)

CMS announced in the 2020 Rate Announcement that these measures would be on the display page for 2021 and 2022, and then CMS would consider adding them to the Star Ratings through the rulemaking process. In the 2024 Part C and D proposed rule (87 FR 79619-79620), CMS proposes to move the COB, Poly-ACH, and Poly-CNS measures from the display page to the 2026 Star Ratings (2024 measurement year). Additionally, CMS will make a non-substantive update for the 2024 measurement year to align with the PQA measure specifications to use CE and to no longer adjust for MYs.

NCPA opposes any factors that CMS and Part D plans take into consideration in Star Ratings that would have downstream effects that limit pharmacists' scope of practice or patients' clinical benefit. For example, pharmacists should be able to dispense both opioids and benzodiazepines where clinically appropriate, appropriately dosed and through communication with the beneficiary's doctor. Furthermore, some community pharmacies dispense a higher percentage of opioids due to their patient mix, or due to the fact that they are located near pain clinics, and should not be penalized from high dispensing alone. Under the proper management and monitoring by a pharmacist, drug combinations are less risky to the patient.

Conclusion

NCPA thanks CMS for the opportunity to provide feedback, and we stand ready to work with CMS to offer possible solutions and ideas.

Should you have any questions or concerns, please feel free to contact me at steve.postal@ncpa.org or (703) 600-1178.

Sincerely,

Steve Postal, JD
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National Community Pharmacists Association