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Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2025 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies [CMS-2024-0006]

Director 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) 2025 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 $94 billion healthcare marketplace, employ 230,000 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 Medicare Part D. 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, to provide better data on pharmacy compliance and ensure valid measurements of the metric.

Advanced Alternative Payment Models

CMS discusses that Section 1833(z)(1) of the Social Security Act 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 (Part C)

CMS states that NCQA is evaluating the administrative codes used to determine that a diabetic retinal eye exam has been completed following feedback from the NCQA Geriatric Measurement Advisory Panel that it would be useful to have more specific codes in this measure. Based on this feedback and NCQA's strategic goal to move toward digital measures, NCQA plans to review the measure codes with their Diabetes Measurement Advisory Panel and potentially include updates for measurement year 2025. This update would be non-substantive under § 422.164(d)(1)(iii) since it updates the clinical codes with no change to the target population or the intent of the measure. **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.**

Medication Adherence for Diabetes Medications/Medication Adherence for Hypertension (RAS Antagonists)/Medication Adherence for Cholesterol (Statins)/ Statin Use in Persons with Diabetes (SUPD)/ Medication Therapy Management (MTM) Program Completion Rate for CMR (Part D)

CMS states that the Part D Star Ratings Medication Adherence, SUPD, and MTM measures currently exclude beneficiaries enrolled in hospice during the measurement year. Additionally, the Medication Adherence and SUPD measures exclude beneficiaries with an ESRD diagnosis or dialysis coverage dates during the measurement year.

CMS is proposing to change the data sources used to identify beneficiaries with a hospice stay and/or ESRD status (ESRD dialysis coverage dates) from the Enrollment Database (EDB) to the Common Medicare Environment (CME). The EDB is part of the CME database, and accessing enrollment information through the CME will improve data availability for the monthly Patient Safety reports for the Medication Adherence and SUPD measures. The CME data will be retrieved from the Integrated Data Repository (IDR).

Currently, in these Part D Star Ratings, CMS uses the EDB to identify hospice enrollment and ESRD status (using ESRD dialysis dates that overlap with the measurement year) as applicable to the measure specifications. However, CMS is proposing to remove the EDB as a data source to identify hospice enrollment and ESRD status and instead use the CME to identify hospice enrollment and ESRD status beginning with the 2024 measurement year. The CME database includes Medicare beneficiary enrollment and demographic data. Furthermore, the CME integrates different types of beneficiary data from CMS legacy systems; the CME database receives information from the EDB and contains additional information not available in the EDB. CMS does not anticipate any impact on measure calculations due to this update. Based on CMS' analysis, the CME and EDB data sources aligned very closely on measure exclusions. This would be a non-substantive update under § 423.184(d)(1)(v) because it only updates the data source.

NCPA supports CMS' proposal to remove the EDB as a data source to identify hospice enrollment and ESRD status and instead use the CME to identify hospice enrollment and ESRD status beginning with the 2024 measurement year. 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. However, 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.

<u>**Depression Screening and Follow-Up (Part C)**</u>

CMS will add Depression Screening and Follow-Up for Adolescents and Adults (Part C) to the 2026 display page based on the 2024 measurement year. **NCPA supports CMS compensating pharmacists for depression screenings in a voluntary, opt-in model, and pharmacists should also have access to their reports.**

<u>**Adult Immunization Status (Part C)**</u>

CMS will add Adult Immunization Status (Part C) to the 2026 display page based on the 2024 measurement year. This measure assesses the receipt of influenza, Td/Tdap, zoster, and pneumococcal vaccines. **NCPA supports this measure, but asks why CMS does not apply this provision to Part D as well as Part C, as it did in last year's Advance Notice, and subsequent Announcement of Calendar Year (CY) 2024 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies. NCPA notes that inclusion of this measure in the Part C and D Star Ratings represents an opportunity to align with pharmacy quality measures currently in development by the PQA focused on adult immunizations.**

<u>**Opioid Measures (Part D)**</u>

<u>Initial Opioid Prescribing for Long Duration (IOP-LD) (Part D)</u>. CMS stated that as part of its efforts to address the national opioid crisis, it has implemented balanced drug utilization review (DUR) policies and quality measurement strategies to help prevent and reduce prescription opioid

overuse in the Medicare Part D population while maintaining needed access. CMS began reporting the IOP-LD measure to Part D sponsors through the Patient Safety reports in measurement year 2020 and has publicly reported the measure on the Part D display page since 2023 (2021 data). The PQA is the measure steward. In the 2021 Advance Notice, CMS solicited feedback regarding adding the IOP-LD measure to the Star Ratings in the future pending rulemaking. The measure is included in the 2023 measures under consideration (MUC) list for the Pre-Rulemaking Measure Review (PRMR) process to inform the selection of quality and efficiency measures for CMS programs. CMS intends to propose to add the IOP-LD measure to the Part C and D Star Ratings in future rulemaking.

Use of Opioids at High Dosage in Persons Without Cancer (OHD) / Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) / Concurrent Use of Opioids and Benzodiazepines (COB) / Initial Opioid Prescribing for Long Duration (IOP-LD) (Part D).
The PQA is testing an update to exclude beneficiaries more broadly with cancer-related pain treatment from these opioid-related measures for measurement year 2025 at the earliest. The revised exclusion would align with the updated 2022 Centers for Disease Control and Prevention (CDC) Clinical Practice Guideline for Prescribing Opioids for Pain. CMS will also consider applying the updated measure specifications if implemented by the PQA.

NCPA supports the above opioid measures. 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 because they are located near pain clinics, and should not be penalized from high dispensing alone. Under 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,

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National Community Pharmacists Association