



Optimizing Health by Advancing the Quality of Medication Use

PQA-Prepared Summary of Points of Interest April 2023

Announcement of Calendar Year (CY) 2024 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

The Centers for Medicare & Medicaid Services (CMS) [released](#) the Announcement of Calendar Year (CY) 2024 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies on March 31, 2023.

PQA distributed a [summary of points of interest](#) from the 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 to membership in February 2023. This follow-up communication highlights key points noted in the CY2024 Announcement, with new information (since the [Advance Notice](#)) noted in shaded text boxes. **There were no substantial changes in the Announcement regarding PQA measures from what CMS proposed in the Advance Notice.**

For further detail on any of the points below, we have included page numbers and encourage you to refer to the document's full language, which can be accessed here: <https://www.cms.gov/files/document/2024-announcement-pdf.pdf>.

PQA will review all public comments submitted to CMS on its measures and, where appropriate, will engage the PQA Measure Update Panel and Quality Metrics Expert Panel as part of the review and maintenance process to determine any necessary measure revisions.

Section 1. General Content

REMINDERS FOR 2024 STAR RATINGS [P. 144]

CMS finalized the application of Tukey outlier deletion for non-CAHPS measures beginning with the 2024 Star Ratings in the CY 2021 final rule.

MEASURE UPDATES FOR 2024 STAR RATINGS [P. 145]

Part C & D Star Ratings Measures, Improvement Measures and Categorical Adjustment Index [P. 145]

- The measures that will be used to calculate the 2024 Star Ratings are listed in Table VI-1 in the Rate Announcement. CMS will only include measures in the improvement calculations at the contract level if numeric value scores are available for both the current and prior year.
- The methodology for the Categorical Adjustment Index (CAI) is described in the annual Medicare Part C & D Star Ratings Technical Notes available on the CMS webpage at go.cms.gov/partcanddstarratings.
- PQA measures included in the 2024 Star Ratings and CAI are summarized in the following table.

Table VI-1: 2024 Star Ratings Measures [P. 145] (excerpt: PQA Measures)

Part C or D	Measure	Measure Type	Weight	Improvement Measure	Included in 2024 CAI Values
D	Medication Adherence for Diabetes Medications	Intermediate Outcome	3	Yes	Yes
D	Medication Adherence for Hypertension (RAS antagonists)	Intermediate Outcome	3	Yes	Yes
D	Medication Adherence for Cholesterol (Statins)	Intermediate Outcome	3	Yes	Yes
D	MTM Program Completion Rate for CMR	Process	1	Yes	Yes
D	Statin Use in Persons with Diabetes	Process	1	Yes	Yes

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- Commenters supported continuing the CAI. There were suggestions for adding additional measures and identifying an alternative to the CAI.

- CMS will take these suggestions into consideration; however, Star Ratings methodological changes must be adopted through rulemaking.
- CMS notes that certain measures, such as the CAHPS measures, are excluded from the CAI pursuant to §§ 422.166(f)(2)(ii)(A) and 423.186(f)(2)(ii)(A) because they are already case-mix adjusted.

Extreme and Uncontrollable Circumstances Policy for the 2024 Star Ratings [P. 150]

- CMS uses the start date of the incident period to determine which year of Star Ratings could be affected, regardless of whether the incident period extends to another calendar year.
- Under the 25 percent rules, contracts with at least 25 percent of their service area in a FEMA-designated Individual Assistance area in 2022 will receive the higher of their measure-level rating from the current and prior Star Ratings years for purposes of calculating the 2024 Star Ratings (thus, for 2024 Star Ratings, affected contracts will receive the higher of their measure-level ratings from 2023 or 2024 for the applicable measures).
- The numeric scores for contracts with 60 percent or more of their enrollees living in FEMA-designated Individual Assistance areas at the time of the extreme and uncontrollable circumstance are excluded from: (1) the measure-level cut point calculations for non-CAHPS measures; and (2) the performance summary and variance thresholds for the reward factor.

OTHER

Universal Foundation - Aligning of a Core Set of Measures Across All CMS Programs [P. 153]

- As part of the CMS National Quality Strategy and Medicare Value-Based Care Strategy, CMS is committed to aligning a core set of measures across all their programs and ensuring CMS measures quality across the entire care continuum in a way that promotes the best, safest, and most equitable care for all individuals.
- To improve alignment, CMS is considering including a core set of measures that are aligned across programs referred to as the **“Universal Foundation” of quality measures**. This “Universal Foundation” is a **building block to which programs will add additional aligned or program-specific measures**. The “Universal Foundation” will:
 - 1) focus provider attention,
 - 2) reduce provider burden,
 - 3) allow for consistent stratification of measures to identify disparities in care,
 - 4) accelerate the transition to interoperable, digital quality measures, and
 - 5) allow for cross-comparisons across quality and value-based care programs, to better understand what drives quality and equity improvement and what does not.

- For more information on CMS' Universal Foundation, CMS announced a recent publication in the New England Journal of Medicine titled "*Aligning Quality Measures across CMS – The Universal Foundation.*" The article can be accessed [here](#).

Table VI-4: Preliminary Adult Universal Foundation Measures

Meaningful Measure 2.0 Domain	Measure	Part C and D Star Ratings
Wellness and Prevention	Colorectal Cancer Screening (HEDIS)	Currently in Star Ratings
	Breast Cancer Screening (HEDIS)	Currently in Star Ratings
	Adult Immunization Status (HEDIS)	Solicited feedback on this measure in the Advance Notice
Chronic Conditions	Controlling High Blood Pressure (HEDIS)	Currently in Star Ratings
	Diabetes: Hemoglobin A1c Poor Control (>9%) (HEDIS)	Currently in Star Ratings (reversed score so higher scores are better)
Behavioral Health	Screening for Depression and Follow-Up Plan (HEDIS)	Solicited feedback on this measure in the Advance Notice
	Initiation and Engagement of Substance Use Disorder Treatment (HEDIS)	Currently on display page
Seamless care coordination	Plan all-cause readmissions or Hospital all-cause readmissions (HEDIS)	Currently in Star Ratings
Person-centered care	Consumer Assessment of Healthcare Providers and Systems (CAHPS): Overall Rating Measures (CAHPS)	Currently in Star Ratings
Equity	Screening for Social Drivers of Health/ Social Need Screening and Intervention (HEDIS)	Solicited feedback in the 2023 Advance Notice/Rate Announcement about the NCQA measure focused on Screening and Referral to Services for Social Needs

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- There was overwhelming support from commenters regarding CMS' goal of aligning measures across federal and private payers, and many of the commenters applauded CMS for its leadership and efforts to streamline quality and performance measures across its many programs.
 - Many commenters agreed that aligning health plans and providers on a streamlined set of quality measures could reduce administrative burden and ensure everyone is working toward the same patient goals and outcomes.
 - A small number of commenters suggested a variety of different measures to add to the Universal Foundation, including measures related to women's health issues, tobacco use screening and intervention, patient safety, Part D medication adherence, rare diseases, and patient activation.

- A commenter recommended measures that support primary care providers, such as measures focused on relationships, access to care, comprehensiveness of care, trust in physicians, and person-centeredness.
- Other commenters suggested a focus on outcome measures rather than process measures.
- A handful of commenters raised issues related to the newer measures under the Universal Foundation and whether electronic health records and the electronic clinical data systems (ECDS) were available and ready to support accurate data collection for these measures.
- Other commenters wanted more information about what programs would be included in the Universal Foundation, timelines for implementing new measures in each program included in the Universal Foundation, and how measures will be added to or removed from the Universal Foundation over time as the focus evolves.
- There was mixed reaction to some of the measures in the Universal Foundation.
 - For Social Need Screening and Intervention, some commenters strongly supported including this measure, but others were concerned about data collection issues with this measure and challenges of having clinicians screen for issues that they are not adequately able to address.
- CMS will take these comments into consideration. Any additional measures added to the Star Ratings would need to go through rulemaking.

Section 2. PQA Measure-Related Content

CHANGES TO EXISTING STAR RATINGS AND DISPLAY MEASURES FOR THE 2023 MEASUREMENT YEAR AND BEYOND [P. 152]

CMS solicits feedback on new measure concepts as well as updated measures through the annual Advance Notice and Rate Announcement. CMS also provides advance notice regarding measures considered for implementation as future Star Ratings measures. New measures and measures with substantive specification changes must be added or updated through rulemaking and must remain on the display page for at least two years prior to becoming a Star Ratings measure. In addition, CMS uses the Advance Notice and Rate Announcement process to announce non-substantive specification changes and to remove measures.

CMS anticipates all 2023 display measures will continue to be shown on [CMS.gov](https://www.cms.gov) in 2024 unless noted otherwise in the Advance Notice.

1. Statin Use in Persons with Diabetes (SUPD) (Part D) [P. 158]

- To fully align with PQA specifications, CMS will make the following non-substantive updates to the SUPD measure beginning with the 2024 measurement year and 2026 Star Ratings:
 - 1) CMS will use continuous enrollment and no longer adjust for member-years.
 - 2) CMS will use individuals 40-75 years at the start of the measurement year as the age criteria for beneficiaries to be analyzed.

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- Commenters were supportive of these non-substantive measure updates to the SUPD measure, and CMS will apply starting with the 2024 measurement year for the 2026 Star Ratings.

2. Medication Adherence for Diabetes Medication/Medication Adherence for Hypertension (RAS Antagonists)/ Medication Adherence for Cholesterol (Statins) (Part D) [P. 160]

- In the 2024 Part C and D proposed rule published on December 27, 2022, CMS proposed implementing sociodemographic (SDS) risk adjustment, a substantive change, for the 2026 measurement year and 2028 Star Ratings.
- CMS will make the following non-substantive changes to the three adherence measures to fully align with the current PQA measure specifications, which are endorsed by the National Quality Forum:
 - 1) For the 2024 measurement year (2026 Star Ratings), CMS plans to no longer adjust for member-years; instead, CMS will use continuous enrollment (CE) as defined by the treatment period and exclude beneficiaries with more than 1-day gap in enrollment during the treatment period.
 - 2) For the 2026 measurement year (2028 Star Ratings), CMS plans to no longer adjust for inpatient (IP) or skilled nursing facility (SNF) stays.

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- Commenters were supportive of the non-substantive update to the medication adherence measures to apply continuous enrollment (CE) instead of member-years to align with PQA measure specifications.
- CMS received a comment requesting clarification on whether a beneficiary who has a gap in enrollment would be excluded from the entire measurement period when applying CE.
 - CMS will no longer account for beneficiaries who are enrolled for only part of the measurement year in the contract. Based on the PQA measure specifications, the treatment period for the adherence measures begins on the index prescription start date (IPSD) and extends through whichever comes first: the last of day of enrollment during the measurement year, death, or the end of the measurement year. For example, a beneficiary who is continuously enrolled in one contract for 6 months and then disenrolls from that contract in July of the same measurement year would be included in the measure calculation for

that contract if they meet all of the other measure criteria, even though the beneficiary was continuously enrolled for only 6 months of the measurement year. Beneficiaries are continuously enrolled during the measurement year with an allowable one 1-day gap in enrollment during the treatment period.

- Several commenters were not supportive of the removal of the IP/SNF stay adjustment from the medication adherence measures.
 - Some commenters expressed concern that removal of the IP/SNF stay adjustment would disproportionately impact plans with a higher proportion of beneficiary stays or institutional special needs plans (I-SNPs). As a reminder, the IP/SNF stay adjustment is not included in the PQA measure specifications.
 - CMS performed contract-level analysis of the SDS risk adjustment with and without IP/SNF stay adjustment as discussed in the 2024 Part C and D proposed rule. The majority of contracts did not have a change in their medication adherence rates. These findings were also consistent for contracts with SNPs. CMS found that more contracts with SNPs (including I-SNPs) increased in their rates or stayed the same than decreased.
- A few commenters suggested additional medication adherence measure specification changes, such as excluding beneficiaries in I-SNPs or residing in long-term care (LTC) facilities who are receiving palliative care or excluding certain GLP-1 agonists which may be used for weight loss.
 - CMS reminds stakeholders that Part D does not cover medications for weight loss based on section 1927(d)(2) of the Social Security Act.
 - CMS has shared specification comments received with PQA.

3. MTM Program Completion Rate for Comprehensive Medication Review (CMR) (Part D) [P. 161]

- 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.

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- Commenters supported this non-substantive change.

4. 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) [P. 165]

- In the 2020 Rate Announcement, CMS announced 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, CMS proposed 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 continuous enrollment and to no longer adjust for member years.

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- CMS did not receive much feedback regarding the non-substantive update to use continuous enrollment (CE) instead of member-years.
 - One commenter requested clarification on whether a member who has a gap in enrollment would be excluded from the entire measurement period when applying CE. According to the PQA measure specifications for CE for the COB and the two Polypharmacy measures, there is one allowable gap in enrollment of up to 31 days during the measurement year. Therefore, when the enrollment is verified monthly, the beneficiary may not have more than a one-month gap in coverage for CE. CMS will implement this non-substantive update to align with the PQA measure specifications for the 2024 measurement year.
- CMS received measure specification comments to exclude LTC residents and add risk adjustment to these measures, which have been shared with PQA.

5. Antipsychotic Use in Persons with Dementia, Overall (APD)/Antipsychotic Use in Persons with Dementia, in Long-Term Nursing Home Residents (APD-LTNH) (Part D) [P. 166]

- CMS plans to implement the updated PQA APD measure specifications on the display page for the 2023 measurement year.

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- One commenter requested that APD and APD-LTNH measures consider permitting the use of low-dose, short-term use of antipsychotics in certain situations.
- Another commenter was concerned with the impact and appropriateness of the APD and APD-LTNH measures in medically complex individuals with dementia.
- The majority of commenters were supportive of the measure specification updates to the APD and APD-LTNH measures to align with PQA specifications.

6. Initial Opioid Prescribing - Long Duration (IOP-LD) (Part D) [P. 168]

- CMS plans to update the IOP-LD measure on the display page for the 2023 measurement year.
- CMS will align with current PQA measure specifications, and therefore, beneficiaries enrolled in hospice, with a cancer diagnosis, with a sickle cell disease diagnosis, or receiving palliative care during the measurement year or the 90 days prior to the index prescription start date (IPSD), the earliest date of service for an opioid medication during the measurement year, will be excluded from the measure.

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- The majority of commenters supported this measure specification update to the IOP-LD measure.
- CMS will continue to exclude beneficiaries with an exclusion diagnosis during the measurement year. However, with this measure specification update beginning in the 2023 measurement year, only beneficiaries with an exclusion diagnosis 90 days prior to the IPSD will be excluded rather than excluding all beneficiaries who have an exclusion diagnosis 90 days prior to the measurement year.
- CMS also received one measure specification comment to exclude LTC residents from the IOP-LD measure, which was shared with PQA.

7. Medication Adherence for HIV/AIDs (Antiretrovirals) (ADH-ARV)/ Antipsychotic Use in Persons with Dementia, Overall (APD)/Antipsychotic Use in Persons with Dementia, in Long-Term Nursing Home Residents (APD-LTNH)/ Use of Opioids at High Dosage in Persons without Cancer (OHD)/ Use of Opioids from Multiple Providers in Persons without Cancer (OMP)/ Initial Opioid Prescribing-Long Duration (IOP-LD) (Part D) [P. 169]

- CMS will align with the PQA measure specifications to use continuous enrollment and no longer adjust for member-years.
- CMS does not have an exact timeline to update these display page and Patient Safety measures but will announce it in advance to sponsors.

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- Commenters were supportive of this specification change to align with PQA specifications by updating the measures from member-years to continuous enrollment.
- CMS will provide more information when the timeline for these measure changes is finalized.

POTENTIAL NEW MEASURE CONCEPTS AND METHODOLOGICAL ENHANCEMENTS FOR FUTURE YEARS [P. 169]

1. Health Equity (Part C and D) [P. 169]

- CMS continues to consider additional ways to advance health equity in the Part C and D programs. CMS released confidential stratified reports to Part C and D sponsors in HPMS in Spring 2022 to help contracts identify disparities in care by LIS/DE and disability status for most Part C and D Star Ratings measures.

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- Commenters were supportive of providing confidential stratified reports to Part C and D sponsors and a few recommended releasing the stratified reports publicly.
- CMS will consider releasing the stratified reports publicly in the future. A variety of stratified reports are currently available through the CMS Office of Minority Health website at <https://www.cms.gov/about-cms/agencyinformation/omh/research-and-data/stratified-reporting>.