



PQA-Prepared Summary Points of Interest January 2025

Advance Notice of Methodological Changes for Calendar Year (CY) 2026 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

The Centers for Medicare & Medicaid Services (CMS) released the [Advance Notice of Methodological Changes for Calendar Year \(CY\) 2026 for Medicare Advantage \(MA\) Capitation Rates and Part C and Part D Payment Policies](#).

PQA drafted this high-level summary for our members, focused primarily on Part D and issues relevant to our work. PQA measures are represented by bolded text throughout the summary. 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](#).

Submitting Comments to CMS

To submit comments or questions electronically, go to <https://www.regulations.gov>, enter the docket number "CMS-2024-0360" in the "Search" field, and follow the instructions for "submitting a comment."

Comments will be made public, so submitters should not include any confidential or personal information. In order to receive consideration prior to the release of the Rate Announcement, comments on this Advance Notice must be received by CMS by **11:59 PM Eastern Time on February 10, 2025**.

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.

Attachment IV. Updates for Part C and D Star Ratings

Section C. Measure Updates for 2026 Star Ratings [P. 112]

The measures that will be used to calculate the 2026 Star Ratings are listed in Table IV-1 with information about the measure type, weight, and measurement year.

Table IV-1. 2026 Part D Star Ratings Measures

Measure	Measure Type	Weight	Measurement Year	Improvement Measure	Included in the 2026 CAI Values
Call Center – Foreign Language Interpreter and TTY Availability	Measures Capturing Access	2	2/2025 – 5/2025	Yes	No
Complaints about the Drug Plan	Patients' Experience and Complaints Measure	2	1/1/2024 – 12/31/2024	Yes	No
Members Choosing to Leave the Plan	Patients' Experience and Complaints Measure	2	1/1/2024 – 12/31/2024	Yes	No
Drug Plan Quality Improvement	Improvement Measure	5	NA	No	No
Rating of Drug Plan	Patients' Experience and Complaints Measure	2	3/2025 – 6/2025	Yes	No
Getting Needed Prescription Drugs	Patients' Experience and Complaints Measure	2	3/2025 – 6/2025	Yes	No
MPF Price Accuracy	Process Measure	1	1/1/2024 – 9/30/2024	Yes	No
Medication Adherence for Diabetes Medications	Intermediate Outcome Measure	3	1/1/2024 – 12/31/2024	Yes	Yes
Medication Adherence for Hypertension (RAS antagonists)	Intermediate Outcome Measure	3	1/1/2024 – 12/31/2024	Yes	Yes
Medication Adherence for Cholesterol (Statins)	Intermediate Outcome Measure	3	1/1/2024 – 12/31/2024	Yes	Yes
MTM Program Completion Rate for CMR	Process Measure	1	1/1/2024 – 12/31/2024	Yes	Yes
Statin Use in Persons with Diabetes	Process Measure	1	1/1/2024 – 12/31/2024	Yes	Yes

Section H. Efforts to Simplify and Refocus the Measure Set to Improve the Impact of the Star Ratings Program [P. 118]

As the Part C and D Star Rating program continues to evolve and align with the measures included in the Universal Foundation, CMS is considering additional ways to simplify and refocus the measure set. This is consistent with recommendations from MedPAC and other interested parties that CMS consider having fewer measures in the Part C and D Star Ratings program.

CMS currently includes in the Star Ratings program two measures using plan-reported data from the Part C and D Reporting Requirements: Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR) (Part D) and Special Needs Plan (SNP) Care Management (Part C). Both of these measures are process measures that indicate how often a contract completed a CMR for MTM program enrollees or how often the contract completed the required health risk assessments. CMS is ultimately interested in the outcomes of these two assessments, and not only their completion rates. CMS is interested in feedback about retiring these measures from the Star Ratings program.

CMS's Star Ratings contractor, RAND Corporation, convened a Technical Expert Panel in late October 2024 to obtain feedback related to making enhancements to the Part C and D Star Ratings measure set. The TEP did not recommend making the measurement set smaller given the high stakes nature of the Part C and D Star Ratings program, but the TEP did support rethinking the measures included. Overall, there was support for the current Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), Health Outcome Survey (HOS), and some of the operational measures. Suggestions included the following: adding more evidence-based clinical outcomes measures or redesigning current measures to assess patient outcomes (such as medication adherence); considering relevance, reliability, and the small denominator for some measures; considering "gameability," attribution issues, provider burden, and the sensitivity of measures to small changes; and considering measures focused on trust with the plan and network issues.

CMS is interested in feedback from all interested parties on ways to simplify and refocus the measure set. Any changes would need to be proposed and finalized through the rulemaking process.

Concurrent Use of Opioids and Benzodiazepines (COB) (Part D). The PQA updated the COB measure specifications in the draft 2025 PQA Measure Manual to exclude beneficiaries with cancer-related pain treatment diagnosis during the measurement year to align with the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain (2022 CDC Guideline). CMS plans to exclude beneficiaries with cancer-related pain treatment diagnosis from the COB measure beginning with the 2025 measurement year (2027 Star Ratings). This would be a non-substantive update because it updates the clinical codes with no change in the target population or the intent of the measure.

Medication Adherence for Diabetes Medications/ Medication Adherence for Hypertension (RAS Antagonists)/ Medication Adherence for Cholesterol (Statins)/ Statin Use in Persons with Diabetes (SUPD)/ COB/ Polypharmacy: Use of Anticholinergic Medications in Older Adults (Poly-ACH) (Part D). CMS excludes contracts with 30 or fewer enrolled members in the denominator from the Star Ratings; in other words, only contracts with 31 or more enrolled members receive a measure rate. The PQA recommends excluding contracts with fewer than 30 enrolled members from the measure rate calculations since it is an insufficient sample size for measurement purposes. Therefore, CMS plans to align with the PQA to exclude contracts with fewer than 30 enrolled members from the measure rate calculations,

and contracts with 30 or more enrolled members will be included in the measure rate calculation starting with the 2025 measurement year (2027 Star Ratings). This would be a non-substantive update.

Section I. Display Measures [P. 123]

CMS anticipates all 2025 display measures will continue to be shown on CMS.gov in 2026 unless noted.

Polypharmacy: Use of Multiple CNS-Active Medications in Older Adults (Poly-CNS) (Part D). The PQA updated the Poly-CNS measure specifications in the draft 2025 PQA Measure Manual to add the skeletal muscle relaxant class of medications to align with the 2023 updated American Geriatrics Society (AGS) Beers Criteria's recommendation to avoid concurrent use of three or more CNS-active medications in older adults because of the increased risk of falls, fractures, and confusion. The 2023 AGS Beers Criteria for Potentially Clinically Important Drug-Drug Interactions That Should be Avoided in Older Adults (Table 5) to identify any combination of three or more CNS-active medications to avoid was revised to include skeletal muscle relaxants in the medication list. Therefore, the six new skeletal muscle relaxants that will be added to the Poly-CNS measure in 2025 are carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, and orphenadrine. CMS will align with the PQA measure specification updates and add the new skeletal muscle relaxant class of medications to the Poly-CNS measure for the 2025 measurement year (2027 display page).

Use of Opioids at High Dosage in Persons Without Cancer (OHD)/ Initial Opioid Prescribing for Long Duration (IOP-LD) (Part D). The PQA also updated the OHD and IOP-LD measure specifications in the draft 2025 PQA Measure Manual to exclude beneficiaries with cancer-related pain treatment diagnosis during the measurement year to align with the 2022 CDC Guideline. CMS will incorporate this update beginning with the 2025 measurement year (2027 display page).

Medication Adherence for Statins with Sociodemographic Status Adjustment (ADH-Statins SDS)/ Medication Adherence for RAS Antagonists with SDS (ADH-RAS SDS)/ Medication Adherence for Diabetes Medications with SDS (ADH-Diabetes SDS)/ Antipsychotic Use in Persons with Dementia (APD)/ Antipsychotic Use in Persons with Dementia – for Long-Term Nursing Home Residents (APD-LTNH)/ OHD/ Poly-CNS/ IOP-LD/ Persistence of Basal Insulin (PST-INS)/ Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR) (Part D). CMS excludes contracts with 30 or fewer enrolled members in the denominator from the display page; only contracts with 31 or more enrolled members receive a measure rate. The PQA recommends excluding contracts with fewer than 30 enrolled members from the measure rate calculations since it is an insufficient sample size for measurement purposes. Therefore, CMS plans to align with the PQA to exclude contracts with fewer than 30 enrolled members from the measure rate calculations, and contracts with 30 or more enrolled members will be included in the measure rate calculation starting with the 2025 measurement year (2027 display page).

Initial Opioid Prescribing for Long Duration (IOP-LD) (Part D). The PQA refined the definition for negative medication history to improve clarity in the draft 2025 PQA Measure Manual. For a beneficiary to have a negative medication history, there should be no prescription claims for opioids “with a date of service” in the lookback period. CMS does not anticipate this clarification impacting the IOP-LD measure operationally. Therefore, CMS will integrate the revised definition of negative medication history into the IOP-LD measure for the 2025 measurement year (2027 display page).

Section J. Retirement of Display Measures [P. 125]

Use of Opioids from Multiple Providers in Persons Without Cancer (OMP) (Part D). The PQA membership voted in favor of retiring the OMP measure for the 2025 measurement year due to low measure rates, resulting in minimal opportunities for improvement. Therefore, CMS will retire the OMP measure from the 2027 display page (2025 measurement year).

Section K. Potential New Measure Concepts and Methodological Enhancements for Future Years [P. 125]

CMS's process for adding any new measures to the Star Ratings system includes developing and testing new measures, soliciting feedback on potential new measures, submitting the measures for approval under the PRMR process, and undertaking notice and comment rulemaking to propose and finalize new measures. CMS is soliciting comments on new measure concepts and methodological changes to inform future changes to the Star Ratings.

Health Equity (Part C and D). CMS is considering adding social risk factors (SRFs) to the Health Equity Index (HEI) reward. One SRF CMS is currently considering adding is geography (e.g., rural or urban). CMS is interested in preliminary feedback on the addition of geography to the HEI reward and how to define this. Any changes to the HEI would be proposed through future rulemaking.