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Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2026 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies [Docket Number: CMS-2024-0360]

Director Wuggazer Lazio,

The American Pharmacists Association (APhA) and the National Alliance of State Pharmacy Associations (NASPA) are pleased to submit comments on 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."

APhA is the largest association of pharmacists in the United States advancing the entire pharmacy profession. APhA represents pharmacists in all practice settings, including community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

The National Alliance of State Pharmacy Associations (NASPA), founded in 1927 as the National Council of State Pharmacy Association Executives, is dedicated to enhancing the success of state pharmacy associations in their efforts to advance the profession of pharmacy. NASPA's membership is comprised of state pharmacy associations and over 70 other stakeholder organizations. NASPA promotes leadership, sharing, learning, and policy exchange among its members and pharmacy leaders nationwide.

Our organizations are committed to continuous quality improvement and support the development and use of meaningful measures that help patients achieve optimal health and

medication outcomes. We support CMS' work with the Pharmacy Quality Alliance (PQA) and urge the agency to better identify, attribute, and evaluate the contributions of pharmacists to patient care and outcomes to integrate pharmacy-level metrics into the Display Measures and Star Ratings system and to identify barriers within current service requirements that prevent scalable involvement of pharmacists.

Section H. Efforts to Simplify and Refocus the Measure Set to Improve the Impact of the Star Ratings Program - Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR) (Part D)

CMS currently includes in the Star Ratings program the following process measure 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) that indicates how often a contract completed a CMR for MTM program enrollees. CMS is interested in the outcomes of these two assessments, not only their completion rates but also "feedback about retiring these measures from the Star Ratings program."

As CMS understands, there is significant documented evidence supporting access to enhanced MTM and health care services through pharmacists with substantial gains in patient health outcomes through improvements to medication adherence, reductions in adverse events, increased medication appropriateness, and therapeutic substitutions, all-cause reductions in total cost of care, and significant associated cost savings.

We support the recent position of PQA on CMS' proposal in the Journal of Managed Care & Specialty Pharmacy article, "It is time for a new comprehensive medication review quality measure," which states:

> "The CMR completion rate process measure currently used by CMS is a useful measure that has brought attention to the importance of CMR as a core MTM service. CMS' emphasis on outcome and patient-reported measures provides opportunity for new MTM measures to support reimbursement based on quality rather than completion rate of CMRs. ***Given the current evidence base, measure development, and policy implementation efforts required to support this recommendation, the current CMR measure should be retained at least until new MTM quality measures are developed to continue the focus on this critical service [emphasis added]***."

We also support and emphasize the three reasons raised by PQA on why a new CMR quality measure is important and supported by evidence, including:

- Consistent application of patient-centered care processes for MTM services to reliably contribute to improved medication-related outcomes as the current "variation in CMRs may have downstream effects in terms of patient self-efficacy for medication adherence and disease management."

- Using a multidimensional patient-reported outcomes measure (PROM) to move "closer to an outcome measure that assesses multiple components of the CMR goals put forward by CMS, which include improving patient medication knowledge, identifying and addressing patients' medication- and health-related concerns, and empowering patient self-management."
- Including a "financial incentive to spend time focusing on the quality of a CMR, as performance measurement is [currently] based simply on whether the CMR was completed or not." APhA and NASPA strongly agree "[t]his would allow pharmacists to better use their clinical knowledge and have a more meaningful impact on patient health."

Determining a new CMS measure with PQA requires an approach to develop national consensus and solutions that are feasible, usable, and scalable. In addition, our organizations emphasize to CMS that providing MTM assists in providing the pharmacists and pharmacy technicians necessary to support 25 other critical service offerings aimed at improving performance on various Part C and D Star measures, including, among others, Care for Older Adults (COA), Statin Therapy for Patients with Cardiovascular Disease (SPC), Statin Use in Persons with Diabetes (SUPD), the Medication Adherence measures, and vaccine and disease screening measures.

There is significant plan variability in beneficiary eligibility for MTM services. Thus, a beneficiary may qualify for MTM under one Part D plan's criteria and not under another plan, and it's not clear to providers, including pharmacists, which of their beneficiaries are eligible for MTM under a given plan. Furthermore, while eligible beneficiaries qualify for an annual CMR, follow-up services to address problems and optimize medications vary significantly in delivery format. Accordingly, we strongly recommend any efforts to measure and improve MTM services continue to address the current barriers to beneficiary access and a comprehensive MTM benefit.

In addition, we recommend CMS appropriately recognize and incentivize the medication expertise provided by the pharmacist and provide greater visibility into the scope and outcomes of the Medicare services currently provided by pharmacists. As mentioned above, despite clear evidence supporting the value of pharmacist-led MTM services, these programs continue to be significantly underutilized. Our organizations have been advocating for years that CMS and Part D plans need to be more transparent about the importance of the impact of the MTM program on outcomes for beneficiaries.

As an immediate step, we recommend CMS ensure MTM payments to pharmacists are commensurate with the care and expertise provided to the patient, not based on generating cost-savings for the plans and the pharmacy benefit managers (PBMs), as Part D plans often have MTM requirements that are overly burdensome and counterproductive. We also offer to serve as a resource to help analyze CMS data to determine the impact of the current and any proposed changes to the MTM program.

Thank you for the opportunity to provide comments on the Advance Notice. We support CMS' ongoing efforts to continue to improve Medicare's prescription drug and health programs and look forward to continuing to work with CMS to reach that goal. If you have any questions or require additional information, please contact our organizations at mbaxter@aphanet.org and kweaver@naspa.us.