

Implications for Managed Care Pharmacy from the 2020 Medicare Part D Draft Call Letter and Star Ratings Release

February 20, 2019

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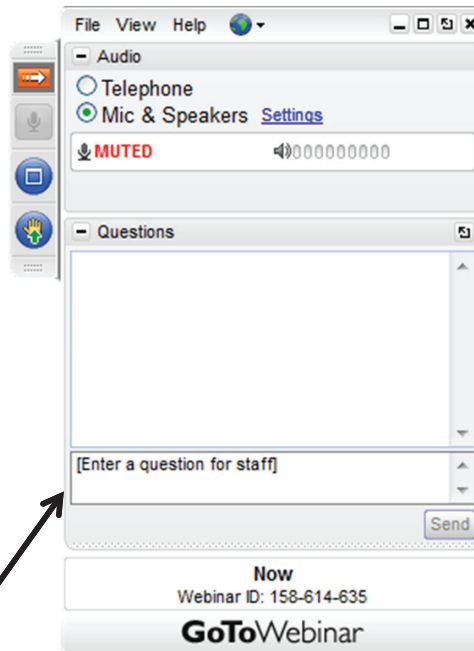
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AMCP Summary of Draft Call Letter

- Available at:

<http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=24199>

- AMCP.org → Policy Issues & Advocacy → AMCP Letters, Statements & Analysis → January 2019

AMCP Summary: Advanced Notice of Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Draft Call Letter

Publication Date: January 30, 2019

Comments Due: March 1, 2019

Final Call Letter Publication: On or by April 1, 2019

Today's Speakers



Afton Wagner, PharmD
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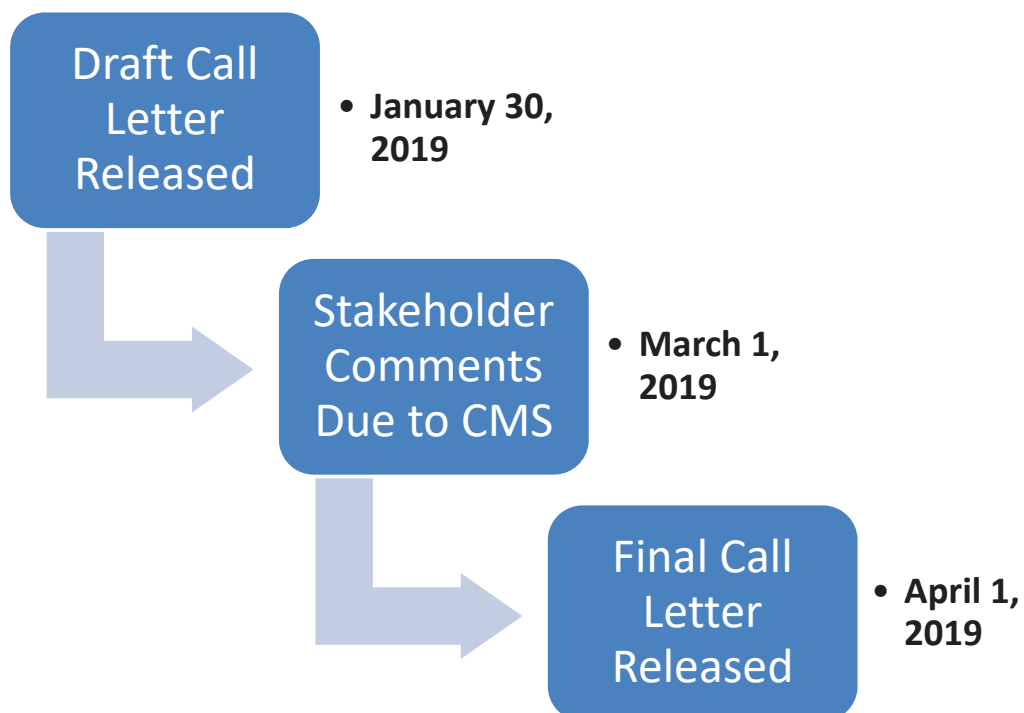
Agenda

Topic	Speaker
Timeline, Rates & Standard Benefit Review	Afton Wagner
Key Policy Issues for AMCP	Afton Wagner
Star Ratings & Display Measures	Brian Roland
Question & Answer	Afton Wagner & Brian Roland

Timeline, Rates & Standard Benefit Review

Afton Wagner

Timeline



Part D Benefit Parameters Set to Increase for 2020

	2019	2020
Deductible Beneficiary responsible for 100% of costs	\$415	\$435
Initial Coverage Limit Beneficiary responsible for 25% of costs; plan responsible for 75%	\$3,820	\$4,020
Out-of-Pocket Threshold Beneficiary liability during deductible, initial coverage limit, and coverage gap + value of manufacturer rebates during coverage gap	\$5,100	\$6,350
Estimated Total Drug Spend When Beneficiary Enters Catastrophic Coverage – LIS Beneficiaries	\$7,654	\$9,039
Estimated Total Drug Spend When Beneficiary Enters Catastrophic Coverage – Non-LIS Beneficiaries	\$8,140	\$9,719

Maximum Copayments to Stay Stable for 2020

Maximum Copayments (3 or More Tiers)	2019	2020
Preferred Generic	<\$20	<\$20
Generic	\$20	\$20
Preferred Brand/Brand Tier	\$47	\$47
Non-Preferred Drug Tier	\$100	\$100
Non-Preferred Brand Tier	\$100	\$100
Injectable (Specialty) Tier: \geq \$670 monthly cost	\$100	\$100
Select Care/Diabetic Tiers	\$11	\$11

Maximum Coinsurance to Stay Stable for 2020

Maximum Coinsurance (3 or More Tiers)	2019	2020
Preferred Generic	25%	25%
Generic	25%	25%
Preferred Brand/Brand Tier	25%	25%
Non-Preferred Drug Tier	50%	50%
Non-Preferred Brand Tier	50%	50%
Injectable (Specialty) Tier: \geq \$670 monthly cost	33%	33%
Select Care/Diabetic Tiers	15%	15%

Key Policy Issues for AMCP

Afton Wagner

Tier Composition

Maintains Current Tier Structure for 2020

- CMS is proposing to maintain a maximum threshold of 25% generic composition for Non-Preferred Brand Tier for CY2020
- Part D sponsors will continue to have the option of selecting a Non-Preferred Brand tier or a Non-Preferred Drug tier, but not both
- CMS reminds Part D sponsors that they have the option to choose a tier model that incorporates a Non-Preferred Drug tier label if a larger proportion of generics will be included on that tier

Maintains Cost-Sharing Structure for 2020

- CMS will continue to allow Part D sponsors flexibility in determining the cost-sharing structure that is most appropriate for their benefit design
- Part D sponsors may maintain the ability to mix brand and generic drugs with the Non-Preferred Drug tier

Improving Access to Generics and Biosimilars

Potential Alternative to the Tier Composition Policy

- CMS may propose that generics would be a part of generic formulary tiers as opposed to drug tiers with a mix of brand and generic products, and eliminating the non-preferred tier
- FDA-approved, therapeutically equivalent generics would be expected to be automatically included on a generic formulary tier following launch
- CMS is seeking input on:
 - Whether biosimilars should be treated the same as generic medications in this potential policy
 - If biosimilars and generic medications should be eligible for specialty tier placement if their cost exceeds the specialty tier threshold
 - Whether this potential policy should be adopted by CMS as an exception for formularies for CY02020 in full or in variation

Tier Composition Continued

Improving Access to Vaccinations

- CMS notes multiple studies showing that certain vaccination rates remain low for beneficiaries
- CMS is continuing to encourage Part D sponsors to either offer a \$0 vaccine tier or to place vaccines on a formulary tier with low cost-sharing

Naloxone: Tier Composition and Co-Prescribing

Improving Access to Naloxone

- CMS is strongly encouraging Part D sponsors to:
 - Place naloxone products on their plan's generic tier(s), at a minimum
 - Place naloxone products on a Select Care Tier for plans using this model

Naloxone Co-Prescribing

- CMS encourages plan sponsors to ensure authorizations are in place for beneficiaries who are more susceptible to opioid-related harm (e.g. claims hx >50MME/day)
- CMS recommends targeted education of prescribers and enrollees on co-prescribing of naloxone

Medication-Assisted Treatment (MAT)

Appropriate Access to MAT

- CMS continues to expect Part D sponsors to include products in preferred formulary tiers and to avoid placing generic drugs for MAT in brand tiers
- CMS notes that drug addiction may be considered a disability under the Federal civil rights law and a covered entity is required to provide nondiscriminatory access to its health care programs

Improving Drug Utilization Controls in Part D

Part D Opioid Overutilization Policy

- Addressing opioid epidemic remains a top priority
- CMS seeks to strengthen and broaden its commitment to the opioid crisis with bold, beneficiary-focused solutions

Policies Codified in 2019 will Continue in 2020

- Drug Management Programs
- Improved Opioid Safety Alerts
- Part D sponsors should focus efforts on successfully implementing these programs

Improving Drug Utilization Controls in Part D Continued

Future Changes to Overutilization Monitoring System (OMS) Criteria

- CMS plans to gain experience from drug management programs in 2019
- Changes to OMS criteria in 2020 are not being proposed

Opioid Potentiator Drugs

- CMS is working with the Office of Inspector General (OIG) to identify potentiator drugs that may pose safety risks when combined with opioids
- CMS believes that it is important that Part D Sponsors offer MTM services to beneficiaries who are at risk of adverse events due to opioid overutilization or opioid users who are also taking potentiator drugs

Impact of Part D Opioid Overutilization Policy

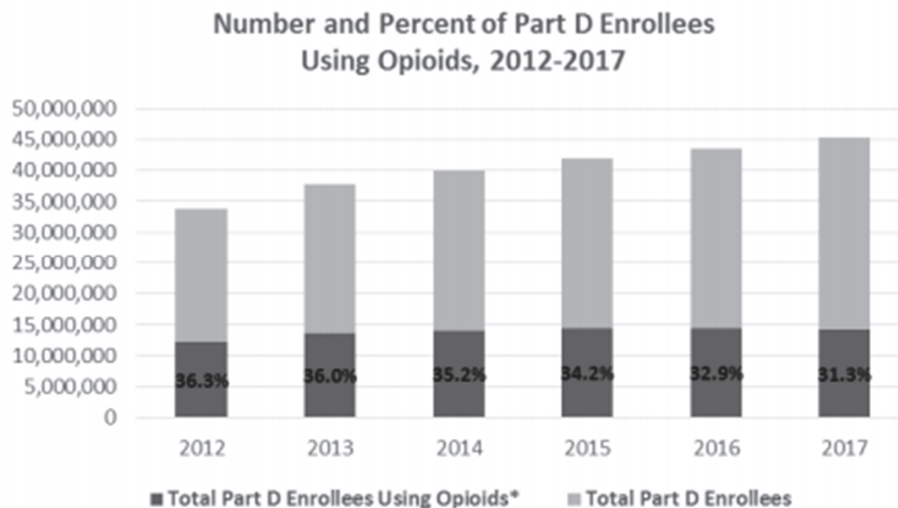


Figure 1. Number and Percent of Medicare Part D Enrollees Using Opioids. Adapted from Advance Notice of Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Draft Call Letter, retrieved from <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2020Part2.pdf>.

Impact of Part D Opioid Overutilization Policy

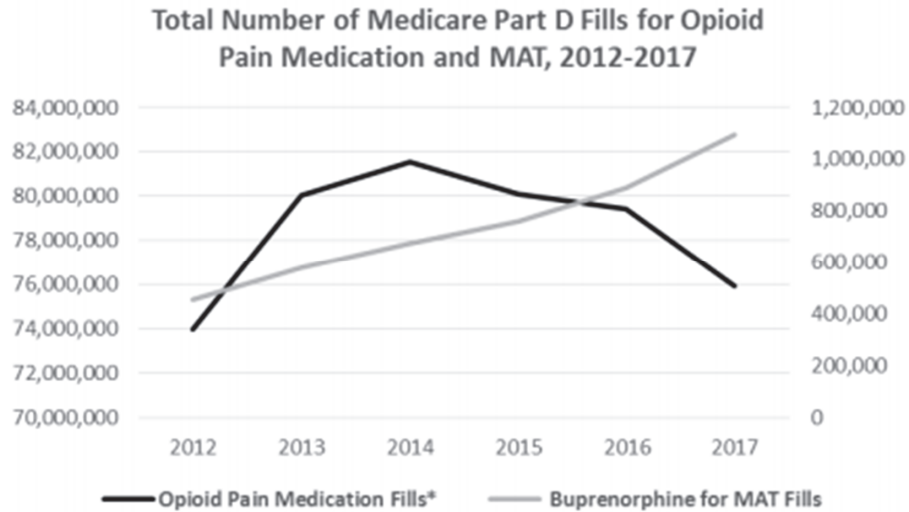


Figure 2. Number of Medicare Part D Fills for Prescription Opioid Pain Medication and Medication-Assisted Treatment (MAT), 2012 - 2017. Adapted from Advance Notice of Methodological Changes for Calendar Year (CY) 2020 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2020 Draft Call Letter, retrieved from https://www.cms.gov/Medicare/Health_Plans/MedicareAdvtgSpecRateStats/Downloads/Advance2020Part2.pdf.

Medication Therapy Management (MTM)

Annual Eligibility Threshold

- 2019 Annual Cost threshold (\$4,044) adjusted based on annual % increase to be finalized in 2020 Final Call Letter

CMR Standardized Format

- CMS is planning to propose revisions to the Comprehensive Medication Review (CMR) standardized format to optimize its utility
- Revised format will be available for public comment with anticipated approval in 2020

Other Proposals

Coordination of Benefits (COB) User Fee Updates

- For 2020, the COB user fee is unchanged and will be collected at a monthly rate of \$0.11166 for the first 9 months of the coverage year for a total of \$1.05 per enrollee per year

Part D Mail Order Auto-Ship Modification

- CMS is proposing to permit interested Part D sponsors to offer an opt-in voluntary auto-ship program for refills of established therapies beginning in 2020
- Would permit sponsors to offer an auto-ship option for refills of medications that a beneficiary has been on for at least 4 months
- Would expect reminders to be sent in advance of shipment

Star Ratings & Display Measures for 2020 and Beyond

Brian Roland

Enhancements to the 2020 Star Ratings

Changes to Methodology

- Any changes to the methodology for calculating Star Ratings, addition of new measures, and substantive measure changes will be proposed and finalized through rulemaking beginning in 2021
- CMS published a proposed rule on November 1, 2018 soliciting feedback on changes for the 2022 Star Ratings:
 - Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Program of All-Inclusive Care for the Elderly (PACE), Medicaid Fee for Service, and Medicaid Managed Care Programs for Years 2020 and 2021 Proposed Rule

Reminders for 2020 Star Ratings

Data Integrity

- CMS encourages sponsors to regularly review their underlying measure data that are the basis for Star Ratings
- Plans should immediately alert CMS to any errors or anomalies to resolve issues prior to the first plan preview period

Measure Updates for 2020 Star Ratings

Medication Adherence (ADH) for Cholesterol (Statins) (Part D)

- This update applies the Pharmacy Quality Alliance (PQA) exclusion of beneficiaries with end-stage renal disease ESRD to 2020 Star Ratings (which are based on 2018 data)
- This update would exclude patients with (ESRD) as adopted in the final CY2019 Call Letter

Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Reviews (CMRs) (Part D)

- CMS is incorporating updated denominator exception approved by PQA for 2018
- This update would include a new denominator rule in order to accurately account for all CMRs received as adopted in the final CY2019 Call Letter
- This update includes members enrolled in the program for less than 60 days who received a CMR in the numerator

Measure Updates for 2020 Star Ratings

Medication Adherence for Hypertension (RASA), Diabetes Medications, and Cholesterol (Statins) (Part D)

- CMS proposes to exclude beneficiaries who elected to receive hospice care at any time in the measurement period
- This change would be applied to the 2020 Star Ratings

Statin Use in Persons with Diabetes (Part D)

- This measure was added to the 2019 Star Ratings with a weight of 1
- CMS is proposing to increase the weight of this measure to 3 for the 2020 Star Ratings and beyond

Temporary Removal of Measures for 2020

Controlling High Blood Pressure(Part C)

- New hypertension treatment guidelines were released by the American College of Cardiology and the American Heart Association in 2017
- The National Committee for Quality Assurance (NCQA) is implementing updates to the Controlling High Blood Pressure measure for HEDIS 2019
- The revised measure would move to the display page for the 2020 and 2021 Star Ratings
- CMS proposed for the measure to move back into the 2022 Star Ratings in the CY2020 Part D Technical Changes Proposed Rule (83 FR 55021)

Categorical Adjustment Index for 2020

2020 Star Rating Program and the Categorical Adjustment Index (CAI)

- Implemented in 2017 to address contract disparities that exist in performance between contracts having beneficiaries with Low Income Subsidy and/or dual eligible (LIS/DE) and disability status
- CMS has contracted with PQA and NCQA to review and determine if measures are sensitive to the composition of plan enrollees and whether modifications to the specifications are appropriate

Categorical Adjustment Index for 2020

2020 Star Rating Program and the Categorical Adjustment Index (CAI) Continued

- PQA developed recommendations for potential risk adjustments on 3 medication adherence measures: Medication Adherence for Diabetes Medications, Medication Adherence for Hypertension, and Medication Adherence for Cholesterol, beginning in 2018
- PQA recommends that the three adherence measures should be:
 - Risk adjusted so sociodemographic status (SDS) characteristics to adequately reflect differences in populations
 - Risk adjusted for the following beneficiary-level SDS characteristics: age, gender, dual eligibility/LIS status and disability status
 - Stratified by the beneficiary-level SDS
- CMS will begin to test the draft specifications in 2019 to understand the impact and potential implications for future years

Disaster Implications

Star Ratings Adjustments for 2020

- CMS proposes to adjust the 2020 Star Ratings to take into account the effects of extreme and uncontrollable circumstances that occurred during the performance period, such as Hurricanes Florence and Michael, Typhoon Yutu, and California wildfires, using a similar methodology for the 2019 Star Ratings

Exceptions to Adjustments for 2020

- CMS proposes to eliminate the difference-in-differences adjustment for survey data
- CMS proposed to clarify rules around measures with missing or biased data in the prior or current year

New Display Measures for 2020

Transitions of Care (Part C)

- Proposed measure is intended to improve the quality of care transitions from an inpatient setting to home

Follow-Up after Emergency Department Visit for Patients with Multiple Chronic Conditions (Part C)

- CMS is proposing to add this new HEDIS measure assessing follow-up care provided after an emergency department visit for patients with multiple chronic conditions

Medicare Plan Finder (MPF) Price Accuracy (Part D)

- CMS proposed enhancements to the MPF Price Accuracy measure in the 2019 Call Letter to first be published as a display measure in 2020 and to be considered to be applied as a 2022 Star Rating measure, pending rulemaking
- The current MPF measure will continue to be included in the 2020 Star Ratings

Proposed Changes to Existing Display Measures

Use of Opioids at High Dosage and from Multiple Providers (OHDMP) and Antipsychotic Use in Persons with Dementia (ADP) (Part D)

- CMS is proposing to implement an updated methodology for 2020 that calculates total days supply, in line with PQA measure updates for 2018
- When calculating a beneficiary's total days supply, the following specifications will be applied:
 - 1) Any days supply that extends beyond the end of the measurement period will be excluded
 - 2) In the case of multiple prescription claims with the same date of service, total days supply will only include the supply of the claim with the longest days supply
 - 3) In the case of multiple overlapping claims with different service, there will be no adjustments for early fills or overlapping days supply

Potential Changes to Existing Display Measures and Star Ratings

Potential Changes to Part C Display Measures and Star Ratings for 2020

- Plan All-Cause Readmissions
- Medication Reconciliation
- Osteoporosis Measures
- Care for Older Adults – Functional Status Assessment Indicator
- Hospitalization for Potentially Preventable Complications

Potential Changes to Existing Display Measures and Star Ratings

Medication Adherence for Hypertension (RASA), Medication Adherence for Diabetes Medications, and Medication Adherence for Cholesterol (Statins) (Part D)

- CMS is proposing to include skilled nursing facility (SNF) stay data from the Common Working File (CWF), if available, beginning in the 2019 measurement year for the 2021 Star Ratings
- The Proportion of Days Supply (PDC) currently adjusts for Part D beneficiaries' stays in inpatient settings for PDPs and MA-PDs, and stays in SNFs for PDPs only
- CMS tested using encounter data to identify beneficiaries with an ESRD exclusion from 2 medication adherence measures for MA-PDs and will continue to test using encounter data
- CMS requests feedback on the trade-off of less frequent Patient Safety reports versus including encounter data to improve its ability to identify inpatient and SNF stays

Potential Changes to Existing Display Measures and Star Ratings

Antipsychotic Use in Persons with Dementia (ADP) and Statin Use in Persons with Diabetes (SUPD) (Part D)

- PQA clarified the specifications to state that the eligible population received ≥ 2 prescription claims on different dates of service

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

- CMS began reporting these measures in the Patient Safety reports for the 2018 measurement year
- CMS plans to add these measures to the display page for 2021 (2019 data) and 2022 (2020 data)
- These measures will be considered for the 2023 Star Ratings through rulemaking

Potential Changes to Existing Display Measures and Star Ratings

Use of Opioids from Multiple Providers and/or at High Dosage in Persons without Cancer (Part D)

- PQA finalized changes to 3 opioid measures for the 2019 measurement year to better align with Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain as follows:
 - Measure 1:** Use of Opioids at High Dosage in Persons without Cancer
 - Measure 2:** Use of Opioids from Multiple Providers in Persons without Cancer
 - Measure 3:** Use of Opioids at High Dosage and from Multiple Providers in Persons without Cancer
- CMS will implement these revisions in the Patient Safety reports for the 2019 measurement year and proposes to include all 3 revised measures on the 2021 display page
- CMS will consider the measures for the 2023 Star Ratings through rulemaking

Potential Changes to Existing Display Measures and Star Ratings

High Risk Medication (HRM) and Diabetes Medication Dosing (DMD) (Part D)

- CMS is proposing to retire these two display measures for 2021 and no longer report these measures in the Patient Safety reports for the 2019 measurement year
- The HRM measure will be retired so that sponsors can better focus resources on the polypharmacy measure
- CMS may also periodically analyze DMD and HRM contract rates to determine if the rates are trending higher and if there is a need to revisit implementation of these or any other retired measure in the future

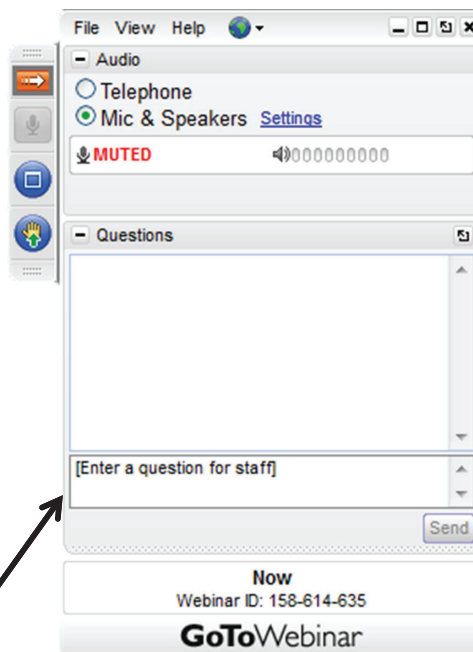
Potential New Measure Concepts

- Measure Digitization (Part C)
- Exclusions for Advanced Illness (Part C)
- Physician/Plan Interactions (Part C)
- Interoperability Measures (Part C)
- Patient-Reports Outcomes Measures (Part C)
- Pain Management (Part C)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Part C)
- Antibiotic Utilization Measures (Part C)
- Diabetes Overtreatment (Part C)

Question & Answer

Afton Wagner & Brian Roland

How to Ask A Question



Type your question in
the 'Questions' area

AMCP Draft Call Letter Comments

- Comments on this proposal must be submitted to CMS by March 1, 2019
- You may provide feedback via email to Afton Wagner, Director of Regulatory Affairs, at awagner@amcp.org by Monday, February 25th on any of the provisions included in the Draft Call Letter

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Thank you for
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