



March 6, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted electronically via regulations.gov

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies, CMS-2023-0010

Dear Administrator Brooks-LaSure:

The Academy of Managed Care Pharmacy (AMCP) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comments in response to the Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies, CMS-2023-0010 (Advance Notice).

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes, and ensuring the wise use of healthcare dollars. Through evidence and value-based strategies and practices, AMCP's nearly 8,000 pharmacists, physicians, nurses, and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models, and government health programs.

Universal Foundation

AMCP supports the Administration's goal to align a core set of measures across quality rating and value-based care programs to promote the best, safest, and most equitable care for all. AMCP believes that CMS' proposed Universal Foundation could be a valuable tool and supports the preliminary adult measures included in the Advance Notice. Standardization of a core set of quality measures would provide a uniform "apples-to-apples" comparison of care provided across programs.

AMCP encourages CMS to also consider adding medication-related measures, such as medication-adherence.¹ Nonadherence to a prescribed course of medication can lead to reduced health

¹ E.g., <https://www.pqaalliance.org/adherence-measures#:~:text=Adherence%20measures%20assess%20the%20percentage,achieving%20the%20most%20clinical%20benefit.>

outcomes for patients and increased healthcare costs. Despite this, approximately 50% of Americans do not take their medication as prescribed.² Reduced health outcomes, preventable hospitalizations, and preventable deaths due to medication nonadherence lead to an estimated additional 16%, or \$500 billion, in healthcare costs in the United States, every year.³ AMCP urges CMS to consider including medication-adherence measures in the Universal Foundation of quality measures.

Health Equity

AMCP applauds CMS' continuing commitment to advancing health equity. Social determinants of health (SDOH),⁴ such as income, education, employment, food insecurity, housing, neighborhood conditions, transportation, access to technology, and access to quality health care services, have a significant impact on health outcomes.⁵ Although there is increasing awareness of SDOH by health care providers, plans, and policymakers, significant health care disparities continue.⁶

Social needs, or "the need[s] of an individual as a result of social determinants of health,"⁷ are more immediate. Data is vital for identifying and analyzing gaps in access to care resulting from conflicts between a patient's social needs and health care needs. When an individual patient makes a choice that affects their healthcare, it may be based on prioritizing their immediate social needs, such as paying rent instead of visiting a healthcare provider or filling a prescription.⁸ Understanding this balance between social needs and healthcare requires information about the specific social needs

² <https://www.psqh.com/analysis/the-impact-of-cost-on-medication-adherence/#:~:text=Some%2050%25%20of%20Americans%20don,U.S.%20healthcare%20spend%20every%20year>

³ *Id.*

⁴ "Estimates differ, but most studies suggest that social, economic, environmental, and other nonmedical factors play a greater role in shaping population health than health care services." Alderwick H. Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems. The Milbank Quarterly. June 2019. <https://www.milbank.org/quarterly/articles/meanings-and-misunderstandings-a-social-determinants-of-health-lexicon-for-health-care-systems/>

⁵ "Socioeconomic factors can have a significant impact on a patient's health status and could be responsible for as much as 70%-80% of a patient's overall health." Payne, R., Vadhariya, A., and Villarreal, K., *Evaluating perceptions of social determinants of health and Part D star performance of Medicare Advantage-contracted primary care providers serving a South Texas market*. J Manag Care Spec Pharm, 2021 May;27(5):544-553. <https://doi.org/10.18553/jmcp.2021.27.5.544>.

See also World Health Organization. "Social determinants of health," 2022. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.

⁶ Holm AL, Rowe Gorosh M, Brady M, White-Perkins D. Recognizing Privilege and Bias: An Interactive Exercise to Expand Health Care Providers' Personal Awareness. Acad Med. 2017 Mar;92(3):360-364. doi: 10.1097/ACM.0000000000001290. PMID: 27355785. <https://pubmed.ncbi.nlm.nih.gov/27355785/>

⁷ <https://www.champsoftware.com/2021/02/03/social-needs-vs-social-determinants-of-health-what-is-the-difference-and-how-to-document-them-at-the-local-level/>

⁸ "Distinguishing between social risks and social needs emphasizes the patient's role in identifying and prioritizing social interventions." Alderwick H. Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems. The Milbank Quarterly. June 2019. <https://www.milbank.org/quarterly/articles/meanings-and-misunderstandings-a-social-determinants-of-health-lexicon-for-health-care-systems/>

that patients face. AMCP believes that CMS' proposed survey-based assessment of health-related social needs would be a valuable tool for gathering data around health-related social needs.

Cross-Cutting: Sexual Orientation and Gender Identity for HEDIS Measures (Part C)

Addressing health disparities as they relate to medication access and use is one of AMCP's strategic priorities. AMCP supports use of inclusive and gender-affirming approaches to HEDIS measures and encourages CMS to adopt updates that replace exclusionary language with intentionally inclusive language.⁹ For example, the description for Cervical Cancer Screening refers to "women,"¹⁰ omitting others who may also benefit from this screening, such as trans or nonbinary individuals. Adopting more inclusive measures is an important step in removing barriers to care related to sexual orientation and gender identity.

Conclusion

AMCP appreciates your consideration of the feedback outlined above and looks forward to continuing work on these issues with CMS. If you have any questions regarding AMCP's comments or would like further information, please contact AMCP's Director of Regulatory Affairs, Geni Tunstall, at etunstall@amcp.org or (703) 705-9358.

Sincerely,



Susan A. Cantrell, MHL, RPh, CAE
Chief Executive Officer

⁹ https://www.ncqa.org/wp-content/uploads/2022/10/20221006_Future-of-HEDIS_Using-HEDIS-to-Improve-Health-Equity_TRANSCRIPTSLIDES.pdf

¹⁰ <https://www.ncqa.org/wp-content/uploads/2021/12/HEDIS-MY-2022-Measure-Descriptions.pdf>