



February 10, 2025

Jeff Wu
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
7500 Security Boulevard
Baltimore, MD 21244–1850

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 [CMS-2024-0360]

Dear Acting Administrator Wu:

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) 2026 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies [CMS-2024-0360].”

AMCP is the professional association leading the way to help patients get the medications they need at a cost they can afford. AMCP’s diverse membership of pharmacists, physicians, nurses, biopharmaceutical professionals, and other stakeholders leverage their specialized expertise in clinical evidence and economics to optimize medication benefit design and population health management and help patients access cost-effective and safe medications and other drug therapies. AMCP members improve the lives of nearly 300 million Americans served by private and public health plans, pharmacy benefit management firms, and emerging care models. AMCP advocates at the national and state level for developing and applying evidence-based medication use strategies that improve access to medication, enhance patient and population health outcomes, and safeguard the wise use of health care dollars. It is AMCP’s mission to improve patient health by ensuring access to high-quality, cost-effective medications and other therapies.

Updates to the RxHCC Models Proposed for CY 2026

AMCP supports the proposed updates to the Part D Risk Adjustment (RxHCC) model that would incorporate changes to the Part D benefit under the Inflation Reduction Act (IRA). AMCP applauds CMS’ efforts to base these adjustments on data while being transparent about the process. AMCP recommends that CMS should establish an ongoing assessment process to closely monitor the effects of these adjustments and, as necessary and with stakeholder input, make further refinements to prevent and mitigate any unanticipated adverse impacts. AMCP believes this thoughtful and transparent approach will help improve access to high-quality care for Medicare beneficiaries.

Efforts to Simplify and Refocus the Measure Set to Improve the Impact of the Star Ratings Program

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 safest and most equitable care. By employing a standardized rating system, the Universal Foundation will enable patients and caregivers to make well-informed decisions about their healthcare choices, facilitating transparency and accountability throughout the healthcare industry. AMCP believes that the Universal Foundation will be a valuable tool, and we encourage CMS to include these measures in future rulemaking on Part D Star Ratings while ensuring that they reflect the diverse and complex needs of beneficiaries. AMCP believes that it is essential to keep in mind the complexity of individualized care while developing and implementing these measures to account for the multifaceted needs of patients. As always, care should be taken to anticipate and avoid potential negative consequences by engaging with a wide variety of interested parties, including providers, plans, and patient advocacy organizations.

Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR)

AMCP applauds CMS' emphasis on finding ways to streamline quality measures and agrees that assessment outcomes are more important than completion rates. AMCP believes, however, that retiring the CMR measure would be premature. AMCP recommends that CMS keep this measure in place as a temporary solution while working with the Pharmacy Quality Alliance (PQA) on adopting an outcomes-based measure for these important services.

The current quality measure assesses only whether a CMR was completed as part of the MTM program but not the quality of care or outcomes of the CMR. CMRs require a systematic assessment of patient information, identification of medication-related problems, and a plan to resolve them.¹ CMR is a key component of an MTM program, which optimizes therapeutic outcomes for individual patients by performing these comprehensive assessments and review of medications and also formulating an individualized medication treatment plan, monitoring the safety and efficacy of medications, encouraging medication adherence, and communicating with prescribers.² Importantly, MTM services are associated with improved outcomes for patients.³

As the price of prescription medications continues to rise, MTM services promote safety, medication adherence, and the best possible clinical outcomes while helping to manage cost through avoidance of waste and duplicate therapy. Discontinuation of unnecessary therapy via MTM also reduces inappropriate use of medications, resulting in lower costs and avoidance of

¹ Castora-Binkley M, Hines L, Vaffis S, Dhatt H, Anderson E, Le D, Black H, Campbell PJ, Kolobova I, Nelson M, Axon DR, Warholak T. It is time for a new comprehensive medication review quality measure. *J Manag Care Spec Pharm*. 2023 Jun;29(6):680-684. doi: 10.18553/jmcp.2023.29.6.680. PMID: 37276042; PMCID: PMC10387923. Available at <https://www.jmcp.org/doi/10.18553/jmcp.2023.29.6.680>

² Medication Therapy Management. 2023, July. AMCP. Available at <https://www.amcp.org/legislative-regulatory-position/medication-therapy-management>

³ de Oliveira DR, Brummel AR, Miller DB. Medication Therapy Management: 10 Years of Experience in a Large Integrated Health Care System. *J Manag Care Spec Pharm*. 2020 Sep;26(9):1057-1066. doi: 10.18553/jmcp.2020.26.9.1057. PMID: 32857651; PMCID: PMC10391185. Available at <https://www.jmcp.org/doi/10.18553/jmcp.2020.26.9.1057>

unintended side effects. Pharmacists collaborate with the patient, caregiver, physician, and other health care professionals while providing MTM services to ensure the goals of medication therapy are achieved and the patient is empowered to be an active participant in their care.

Retiring the CMR completion rate measure with no finalized replacement to measure outcomes could lead to a loss of accountability and, ultimately, unintended yet significant negative impacts on Medicare beneficiaries. For this reason, AMCP believes that implementing a replacement measure before retiring the CMR measure is vitally important.

Health Equity Index

AMCP supports CMS' efforts to add social risk factors (SRFs), including geography (e.g., rural or urban), to the Health Equity Index (HEI). Geographic inequality has widened over the past four decades,⁴ with the death rate in rural areas far exceeding the death rate in urban areas.⁵ Additionally, approximately 25% of neighborhoods in the United States are considered pharmacy deserts,⁶ meaning that people may not have access to the medications they need simply because they live in geographic region with few or no pharmacies.

AMCP firmly believes that all people across this country should have access to the medications they need, regardless of the zip code where they live. To this end, it is important to expand HEI to reflect the challenges faced by these populations on the basis of geography so that CMS may assess and reward plans that are effectively addressing such access issues.

AMCP further recommends that CMS provide plan sponsors with clear guidance on best practices for integrating HEI measures into their operations, collecting data, and reporting outcomes. impactful strategies. By emphasizing the importance of equity-focused innovation, CMS can foster a competitive environment that prioritizes health equity and improved patient outcomes.

Conclusion

AMCP appreciates your consideration of the concerns 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 Vicky Jucelin, AMCP's Manager of Regulatory Affairs, at vjucelin@amcp.org or (571) 858-5320.

Sincerely,



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

⁴ Health Equity Action Brief: Geographic Inequality (2024, January). AMCP. Available at: https://www.amcp.org/sites/default/files/2024-01/AMCP-Geographic-Inequality-Health-Equity-Action-Brief-Jan-2024.pdf?_ga=2.157096243.941749413.1738950991-1424168206.1657559752

⁵ *Id.* "In the United States, the death rate is higher for rural areas, with 831 death per 100,000 people, than the death rate for urban areas, with 704 deaths per 100,000 people."

⁶ *Id.*