



*Optimizing Health by Advancing the Quality of Medication Use*

---

January 25, 2019

Seema Verma, Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
P.O. Box 8013  
Baltimore, MD 21244-8013

**Attention: CMS-4180-P**

Dear Administrator Verma:

The Pharmacy Quality Alliance (PQA) appreciates the opportunity to comment on the proposed rule on "Modernizing Part D and Medicare Advantage to Lower Drug Prices and Reduce Out-of-Pocket Expenses." PQA applauds the Centers for Medicare & Medicaid Services (CMS) for efforts to continually strengthen and modernize the Medicare Part D program.

PQA is a transparent, consensus-based measure developer, established in 2006 as a public-private partnership by CMS, under the leadership of former CMS Administrator, Dr. Mark McClellan. Today, we stand as a non-profit, multi-stakeholder, quality organization with over 240 members. Shortly after the implementation of the Medicare Part D Prescription Drug Benefit, PQA's focus was to develop medication use measures for use by CMS. PQA members include community pharmacy organizations, specialty pharmacy organizations, pharmacists and other healthcare providers, pharmacies, health plans, pharmacy benefit managers, life sciences, technology vendors, government agencies, health information technology partners, accrediting organizations, researchers and academia.

PQA's comments on the proposed rule follow.

**CMS' proposal for Pharmacy Price Concessions in the Negotiated Price**

- We are pleased that CMS, in the proposal related to "Pharmacy Price Concessions in the Negotiated Price (§ 423.100)," is "considering an option to develop a standard set of metrics from which plans and pharmacies would base their contractual agreements." If CMS decides to establish a standard set of metrics, those metrics should be developed by an established measure developer:
  - (1) with experience developing evidence-based, clinical quality measures for Medicare Part D that address the safe and appropriate use of medications,
  - (2) that serves as a neutral convener of all relevant stakeholders on this issue, including health plans, pharmacy benefit managers, chain and independent pharmacies, government agencies, specialty pharmacy providers, pharmacist practitioner organizations,

- (3) that develops measures through a fully-transparent consensus-based process, and
  - (4) that is willing to steward these measures on behalf of CMS, including completing necessary maintenance at least annually.
- We respectfully recommend that CMS work with PQA, as the most appropriate organization to develop these measures. Initially established by CMS as a public-private partnership in 2006 for the purpose of developing measures for Medicare Part D, PQA has a proven track record of developing and maintaining measures for use within the Medicare Part D Star Ratings Program, the display program and the patient safety reports produced for plan sponsors. PQA, as a neutral convener, is in a unique position to gather the necessary perspectives to create successful measures, given its membership is composed of pharmacy organizations, pharmacists, health plans and pharmacy benefit managers among other medication quality-interested organizations.
  - Given its experience, PQA is best-positioned to develop evidence-based measures and importantly, to test the measures for their intended use (i.e., level of analysis and populations of focus), to ensure they are feasible, valid and reliable. The organization selected by CMS to develop a standard set of measures should receive adequate resources from CMS, so that the measure set can be developed and implemented in a timely manner, and stewarded on behalf of CMS on an ongoing basis.

PQA develops nationally-recognized, endorsed performance measures that address the safe and appropriate use of medications. These measures are used for public reporting, accountability and quality improvement across federal and state programs including Medicare, Medicaid, health insurance exchanges, accrediting organizations, provider networks and other healthcare-related alliances. PQA members have the opportunity to shape the measures we develop by serving on advisory panels and measure development groups to draft, test, refine, and endorse performance measures that focus on medication-use quality in high priority areas or to fill gaps in existing performance measures.

PQA appreciates CMS' thoughtful consideration of our comments submitted in response to the proposed rule. If you have questions, please do not hesitate to contact us.

Respectfully,



Laura Cranston, RPh  
Chief Executive Officer  
Pharmacy Quality Alliance  
[Lcranston@PQAalliance.org](mailto:Lcranston@PQAalliance.org)  
(703) 347-7963