

# HHS Updates Medicare Drug Cost-Sharing, Plan Quality Ratings

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Reporter

The Trump administration announced changes to patient cost-sharing in Medicare's prescription drug benefit and will update the methodology used to rate private Medicare Advantage plans.

The final rule ([RIN 0938-AV63](#)), released Thursday by the Centers for Medicare & Medicaid Services, implements changes to Part D enacted under the Inflation Reduction Act in 2022 and will update the methodology used to calculate insurers' "star ratings," which are quality scores that determine bonuses and marketing privileges. The changes would take effect in 2027.

The new rule finalizes the Inflation Reduction Act's elimination of Medicare Part D's coverage gap as part of a broader overhaul of how the program is financed. The law's \$2,000 annual out-of-pocket cap for prescription drugs took effect last year.

The agency chose to hold off on finalizing a previous proposal that would have allowed Medicare Advantage members a special enrollment period when their doctor leaves their network.

The CMS finalized the elimination of star ratings measures such as the Health Equity Index, which rewarded plans for improving care for LGBTQ+ communities. The agency added measures focused on treating depression and addressing behavioral health gaps.

"These changes refocus the program on clinical care, outcomes, and patient experience where meaningful performance differences exist across contracts and reduce administrative burden by removing measures that provide little meaningful distinction between plans," the CMS said in a [press release](#).

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