

Clinician Cost Measures: Methodology for Incorporation of Rebates in Part D Standardized Amounts

Certain cost measures for clinicians include Medicare Part D services, in addition to the costs of services in Parts A and B. This is determined on a measure-by-measure basis in consideration of factors such as the importance of Part D drugs to the overall assessment of clinician performance for the particular condition or procedure. For measures that do include Part D services, the Part D costs are standardized according to the documentation on the [CMS Payment Standardization Overview page](#).¹ This document details the methodology used to incorporate rebates into standardized amounts for Part D drugs. Section 1.0 provides a background on drug rebates, and Section 2.0 details the methodological steps in calculating and applying the adjustment factor.

1.0 Background on Part D Drug Rebates

Within the Medicare Part D program, private insurers (i.e., Part D plan sponsors) and their Pharmacy Benefit Managers (PBMs) often receive compensation for drugs after their point-of-sale, which the Centers for Medicare & Medicaid Services (CMS) calls Direct or Indirect Remuneration (DIR)². Most commonly, drug manufacturers issue post-point-of-sale rebates to Part D sponsors and PBMs in exchange for preferential listing of the manufacturers' branded drugs on plan formularies (i.e., the list of drugs covered by a plan). Rebates are rare when it comes to generic drug counterparts and aren't issued for drugs covered under the Medicare Part B program. This rebate adjustment is meant to ensure that the cost of Part D branded drugs don't appear disproportionately costly relative to generic and/or Part B drug substitutes.

2.0 Methodology for Part D Rebate Adjustment

There's a reduction to the standardized costs for all Part D branded drugs based on a single adjustment factor. This adjustment factor is based on the proportion of total Part D branded drug cost that's from rebates, and is calculated from data in the annual Medicare Trustees Reports.³ There are 3 steps in applying the rebate adjustment, described below.

¹ CMS, "CMS Payment Standardization Methodology for Part D v.3," <https://resdac.org/sites/datadocumentation.resdac.org/files/CMS%20Part%20D%20Payment%20Standardization%20Methodology%20%28updated%20December%202023%29.pdf>.

² Additional information about DIR can be found in this [CMS Newsroom Fact Sheet](#).

³ CMS, "Trustees Reports (current and prior)," <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/TrusteesReports>.

Quality Payment PROGRAM

Step 1. Obtain the total rebate percentage and generic-brand cost proportions from Medicare Trustees Reports

Obtain the following values from the relevant Medicare Trustees Report(s):

- a. Total Rebate Percent: Proportion of gross drug cost (GDC) from rebate payments
- b. Brand Cost Percent: Proportion of GDC from branded drugs
- c. Generic Cost Percent: Proportion of GDC from generic drugs

Please see the [Appendix](#) for the sources and values obtained in this step.

Step 2. Calculate the share of Part D branded drug cost from rebates, using report figures

Using the values obtained in Step 1, solve for Brand Rebate Percent (the proportion of branded GDC from rebate payments on branded drugs) using the formula below for Total Rebate Percent, which assumes that the Total Rebate Percent is a weighted sum of the Brand Rebate Percent and the Generic Rebate Percent (i.e., the proportion of generic GDC from rebate payments on generic drugs). Since rebates are rare for generic drugs, the Generic Rebate Percent is assumed to be zero.

$$\begin{aligned} \text{Total Rebate \%} &= \\ & (\text{Brand Cost \%} * \text{Brand Rebate \%}) + (\text{Generic Cost \%} * \text{Generic Rebate \%}) \\ \text{Brand Rebate \%} &= \frac{(\text{Total Rebate \%}) - (\text{Generic Cost \%} * \text{Generic Rebate \%})}{\text{Brand Cost \%}} \end{aligned}$$

Example: This is illustrated in an example calculation with 2022 figures from the 2023 Medicare Trustees Report.⁴

$$\text{Brand Rebate \%} = \frac{(0.315) - (0.19 * 0.00)}{0.81}$$

$$\text{Brand Rebate \%} = 0.389$$

⁴ Board of Trustees, "2023 Medicare Trustees Report," <https://www.cms.gov/oact/tr/2023>.

Quality Payment PROGRAM

Step 3. Calculate and apply the rebate adjustment factor to branded drug costs

After deriving the Brand Rebate Percent in Step 2, reduce the standardized costs for all Part D branded drugs by applying a multiplier equal to the complement of the Brand Rebate Percent to these costs. The rebate adjustment factor is calculated by subtracting the Brand Rebate Percent (in decimal form) from 1.

$$\text{Rebate Adjustment Factor} = 1 - \text{Brand Rebate \%}$$

Example: This is illustrated using figures from Step 2.

$$\text{Rebate Adjustment Factor} = 1 - 0.389$$

$$\text{Rebate Adjustment Factor} = 0.611$$

The final drug cost is then calculated by multiplying the initial standardized amount and the rebate adjustment factor.

$$\text{Final Drug Cost} = \text{Initial Standardized Amount} * \text{Rebate Adjustment Factor}$$

Example: This is illustrated for a hypothetical Part D branded drug with an initial standardized amount of \$100 (representing the point-of-sale cost). The drug is adjusted to a final post-rebate cost of \$61.10.

$$\text{Final Drug Cost} = \$100 * 0.611$$

$$\text{Final Drug Cost} = \$61.10$$

Appendix: Medicare Trustees Report Data for Rebate Adjustment

This appendix provides further information on the Medicare Trustees Report figures used in Step 1 for the calculation of the rebate adjustment factor. Appendix Table A1 below summarizes the values obtained from the Medicare Trustees Reports for 5 years of data. To calculate the rebate adjustment factor for 2022, obtain the **Total Rebate Percent** from Table IV.B.8 (Key Factors for Part D Expenditure Estimates), on page 150, of the [2023 Medicare Trustees Report](#). Table IV.B.8 contains average DIR percentages of GDC across all prescription drugs. Specifically, this table provides historical figures for total DIR percentages of GDC until 2 years prior to the report year (i.e., the year the report was released), after which projections (or intermediate estimates) are provided. We used historical DIR percentages where available (i.e., for 2018 - 2021), and the projected percentage for 2022 (as the historical value isn't yet available).

Obtain the **Generic Percent** and **Brand Percent** from the Medicare Trustees Report that contains the proportion of Part D spending for generic drugs for the relevant data year. Generic Percent values for 2020-2022, 2019, and 2018 are provided in the footnotes found in the 2023 Medicare Trustees Report (pg., 151)⁵, 2022 Medicare Trustees Report (pg. 150),⁶ 2021 Medicare Trustee Report (pg. 150)⁷, 2020 Medicare Trustees Report (pg. 143),⁸ and 2019 Medicare Trustees Report (pg. 141),⁹ respectively. Since this information isn't yet available for 2021 and 2022, we've used the same information from 2020 for 2021 and 2022.

Appendix Table A1. Medicare Trustees Report Figures by Data Year

Data Year	Rebate Percentage			Generic and Brand Cost Proportions		
	Total Rebate %	Historical/ Projected	Report Year	Generic %	Brand %	Report Year
2022	31.5%	Projected	2023	19%	81%	n/a ¹⁰
2021	29.1%	Historical	2023	19%	81%	n/a ¹¹
2020	27.0%	Historical	2023	19%	81%	2022
2019	26.5%	Historical	2023	21%	79%	2020
2018	25.0%	Historical	2023	22%	78%	2019

⁵ Board of Trustees, "2023 Medicare Trustees Report," <https://www.cms.gov/oact/tr/2023>.

⁶ Board of Trustees, "2022 Medicare Trustees Report," <https://www.cms.gov/files/document/2022-medicare-trustees-report.pdf>.

⁷ Board of Trustees, "2021 Medicare Trustees Report," <https://www.cms.gov/files/document/2021-medicare-trustees-report.pdf>.

⁸ Board of Trustees, "2020 Medicare Trustees Report," <https://www.cms.gov/files/document/2020-medicare-trustees-report.pdf>.

⁹ Board of Trustees, "2019 Medicare Trustees Report," <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/ReportsTrustFunds/Downloads/TR2019.pdf>.

¹⁰ The most recent report, "2023 Medicare Trustees Report" (<https://www.cms.gov/oact/tr/2023>), doesn't provide information on the share of generic or brand drug spending for 2021-2022; therefore, we'll use the values from 2020 for 2022 until there's a Medicare Trustees Report that provides this information for 2022.

¹¹ The most recent report, "2023 Medicare Trustees Report" (<https://www.cms.gov/oact/tr/2023>), doesn't provide information on the share of generic or brand drug spending for 2021-2022; therefore, we'll use the values from 2020 for 2022 until there's a Medicare Trustees Report that provides this information for 2022.