The BIG

PICTURE

Adherence's role in Medicare Part D star ratings

by Lisa Schwartz, PharmD; and Jeannette Rhoads, PharmD

The Centers for Medicare & Medicaid Services (CMS) uses the Five Star Quality Rating System to help educate consumers on the quality of different Medicare Prescription Drug Plans (PDPs) and Medicare Advantage plans with drug plans (MA-PDs) and make quality data more transparent. Anticipating that pharmacy quality measures were needed, the Pharmacy Quality Alliance (PQA) develops and publishes standards for pharmacy quality measurement. To date, PQA has published 11 standards to measure the quality of care pharmacies provide. They range from adherence in certain classes of drugs to discontinuing therapy with high risk medications, many of which are on the Beer's List. The Medicare Part D Star Ratings program has a total of 15 measures, five specifically related to medication management:

1. High risk medications
2. Diabetes treatment
3. Medication adherence for diabetes
4. Medication adherence for hypertension
5. Medication adherence for cholesterol.

These five measures are affected by network pharmacy dispensing history and are weighted more heavily than others, resulting in almost one-half of a PDP's total star rating and one-fifth of a MA-PD's total star rating. Plans want high star ratings from CMS for multiple reasons:

- Good star ratings (MA-PDs) can position plans to receive quality bonus payments from the federal government.
- Five-star plans are permitted to market year-round to consumers.
- Patients can choose to leave their current plan for a five-star plan at any point during the year.
- Patients CANNOT enroll in a plan if it received less than three stars for three consecutive years (these plans may be terminated starting in 2015).
- Patients are more likely to choose a plan with a higher star rating, all other factors being equal.

The bottom line is that MA-PD plans can get more money, and PDPs and MA-PDs can get increased enrollment if they have higher star ratings. In the coming months, *America's Pharmacist* will highlight some of the 11 quality measures published by PQA, beginning with the five that are used in the Medicare Part D Star Ratings program. The featured quality measure will be defined and accompanied by plain-language tips to improve performance.

COMMUNITY PHARMACY'S PLACE IN STAR RATINGS

CMS does not give out star ratings to the pharmacy; CMS only evaluates the PDPs and MA-PD plans. However, plans can analyze their claims data and see how network pharmacies meet the five medication management measures. Using this information, health plans evaluate which pharmacies in their network are likely to have a positive or negative effect on the plan's star rating. They are then able to utilize different strategies to increase their own star rating with CMS. This can include:

- Reworking their preferred pharmacy networks to only include pharmacies that meet their threshold for quality performance.
- Sending MTM cases to only the pharmacies that can show good outcomes with their patients.

Three of the five medication management measures being looked at have to do with adherence. The proportion of days covered is the proxy for adherence and is gathered from pharmacy claims information. The 2014 requirement that pharmacies document patient authorization before mailing or delivering refills billed to Part D plans mitigates

inflated numbers for pharmacies that have auto-refill programs. CMS does not require pharmacies to document patient authorization to deliver if the patient initiates the refill or picks the refill up in person.

Multiple medication adherence and medication synchronization programs are available to pharmacies that can further improve the pharmacy performance for adherence quality measures. Also, comprehensive medication review (CMR) is expected to become a quality measure for star ratings in the future. Pharmacies should fully utilize pharmacy software modules and other programs available (such as Mirixa, OutcomesMTM) to complete CMR cases and not hand cases off to a call center. These programs along with an effective drug utilization review (DUR) system can go a long way in raising your pharmacy's performance in the medication management quality measures.

WHAT DO THESE RATINGS MEAN FOR MY PHARMACY?

PDPs and MA-PD plans want to raise their star ratings. To do so, it is logical to choose pharmacies that have demonstrated high or improved quality performance to be in their network or preferred network. It is not unreasonable to imagine that pharmacies who do not meet this challenge will be left behind—excluded from preferred networks or excluded all together. Plans with a star rating of less than 2.5 for three consecutive years will be considered a LPI (low-performing index) and CMS may terminate the plan beginning in 2015.

BREAKDOWN OF THE FIVE PHARMACY MEASURES USED BY CMS

D11: High Risk Medication (HRM): The percent of plan members age 65 and older who fill prescriptions for certain drugs with a high risk of serious side effects, when there may be safer drug choices. The National Committee for Quality
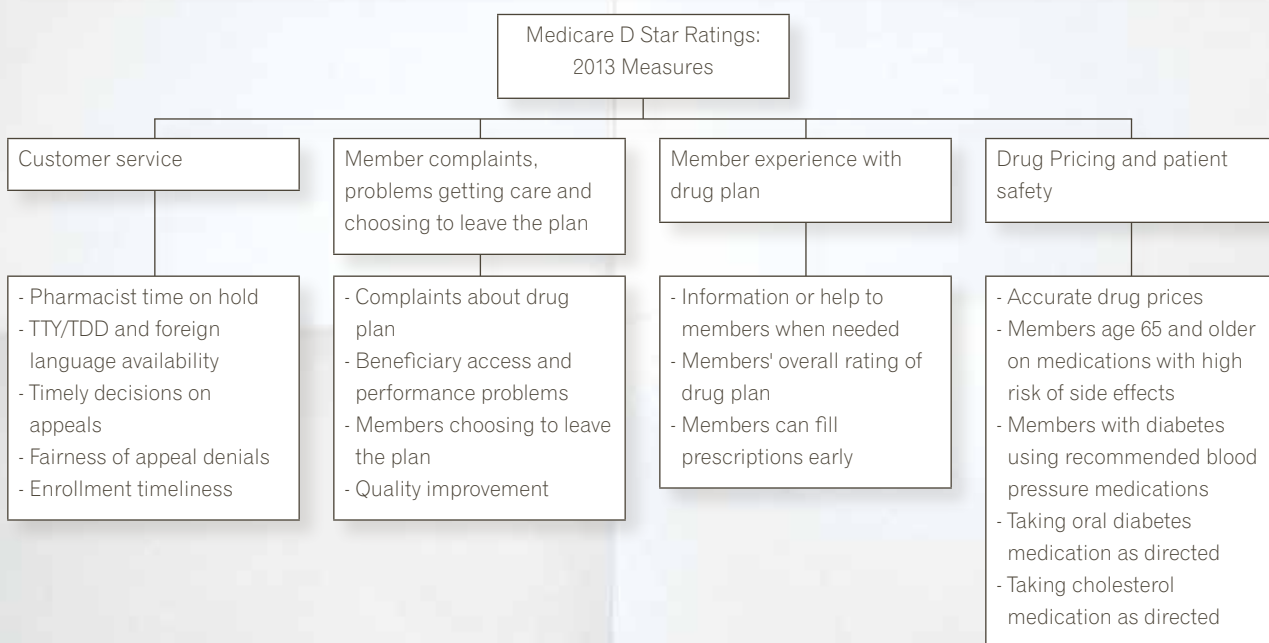
Assurance (NCQA) maintains the reference list of drugs to be avoided in the elderly, which can be found at http://bit.ly/NCQAavoideddrugs.

D12: Diabetes Treatment: The percent of plan members age 18 and older who fill prescriptions for diabetes and hypertension whose therapy includes an ACE inhibitor or ARB.

D13: Medication Adherence for Oral Diabetes Medications: The percent of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.

D14: Medication Adherence for Hypertension (RAS antagonists): The percent of plan members with a prescription for an ACE inhibitor or ARB medication who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.

WHAT ARE THE DIFFERENT MEASURES, HOW ARE THEY CATEGORIZED, AND WHICH ONES ARE WE FOCUSING ON?

Medicare D Star Ratings: 2013 Measures

Customer service	Member complaints, problems getting care and choosing to leave the plan	Member experience with drug plan	Drug Pricing and patient safety
- Pharmacist time on hold - TTY/TDD and foreign language availability - Timely decisions on appeals - Fairness of appeal denials - Enrollment timeliness	- Complaints about drug plan - Beneficiary access and performance problems - Members choosing to leave the plan - Quality improvement	- Information or help to members when needed - Members' overall rating of drug plan - Members can fill prescriptions early	- Accurate drug prices - Members age 65 and older on medications with high risk of side effects - Members with diabetes using recommended blood pressure medications - Taking oral diabetes medication as directed - Taking cholesterol medication as directed

MTM CAN PAY DIVIDENDS

Medication therapy management sessions, whether eligible for reimbursement by the PDP or MA-PD, are the perfect opportunity to screen for medication use that will affect the pharmacy's quality performance and a plan's star rating. Pharmacy quality measures aren't arbitrary; they've been studied and found to improve patient health outcomes. Better health leads to lower health care costs to patients and payers.

8. Drug-drug interactions
9. Cholesterol management in coronary artery disease
10. Completion rate for comprehensive medication review (CMR)
11. Antipsychotic use in persons with dementia

*denotes measure used by Part D Star Ratings program. ∎

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D15: Medication Adherence to Cholesterol (Statins): The percent of plan members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80 percent or more of the time they are supposed to be taking the medication.

OTHER PHARMACY QUALITY MEASURES

1. Proportion of days covered (PDC) for each of the following: beta-blockers, *RAS antagonists, calcium channel blockers, *statins, biguanides, sulfonylurea, thiazolidinedione, dipeptidyl peptidase-IV inhibitor, *diabetes roll-up, anti-retroviral.
2. Antipsychotic use in children under 5 years old
3. Adherence to non-warfarin oral anticoagulants
4. Diabetes medication dosing
5. *Diabetes: appropriate treatment of hypertension
6. Medication therapy for persons with asthma
7. *Use of high-risk medications in the elderly