Part I>
Let's start from the beginning:

Basics of Medication Adherence

Medicare Part D

Medication Adherence Part I

Welcome & Thanks for joining!

United Healthcare®

Presenters

- **Dr. Levette Fleming, Pharm D, BSP, RPh.**
  Pharmacy Associate Director
  UnitedHealthcare M&R GA Market

Objectives

- Introductions
- Why we are here: overview of Part D measures
- Define medication adherence
- Review of medication adherence measures
- Review determination of adherence/non-adherence
- Overview of claims algorithms
- How medication adherence is calculated
- Patient identification

"Drugs don't work in patients who don't take them."[1]

C. Everett Koop

[1] The Cost of Not Taking Your Medicine, New York Times

Medication Adherence Clinical Star Measures

Because it's an important part of patient care for Medicare members, Centers for Medicare and Medicaid Services (CMS) evaluates medication adherence.

Objective: Ensure covered members obtain timely refills and have medication on hand at least 80 percent of the time during the measurement period as measured by pharmacy claims experience. The following three measures are triple-weighted.

- Med Adherence for Diabetes Medications (MAD)
- Med Adherence for Hypertension (RAS antagonists) (MAH)
- Med Adherence for Cholesterol (statins) (MAC)

Pharmacy medication adherence clinical Star Ratings are entirely based on prescription claim activity, such as:

- Member's eligibility for the measure
- Member's performance within the measure

Measure Threshold

2021 Star ID	Measure Name	CMS STAR Weight*	★ 1-Star Threshold	★★ 2-Star Threshold	★★★ 3-Star Threshold	★★★★ 4-Star Threshold	★★★★★ 5-Star Threshold
C01	Breast cancer screening	1	<55%	55%	64%	71%	78%
C02	Colorectal cancer screening	1	< 47%	47%	64%	73%	81%
C13	Diabetes care – Eye exam	1	<59%	59%	67%	73%	80%
C14	Diabetes care – Kidney disease monitoring	1	< 90%	< 90%	93%	95%	97%
C15	Diabetes care – Blood sugar controlled	3	< 46%	46%	68%	80%	89%
D10	Medication adherence for diabetes medications	3	< 74%	74%	82%	86%	90%
D11	Medication adherence for hypertension (RAS) antagonists	3	< 82%	82%	85%	88%	90%
D12	Medication adherence for cholesterol (statins)	3	< 77%	77%	82%	87%	90%
C21	Statin therapy for patients with cardiovascular disease (SPC)	1	<78%	78%	82%	85%	89%
D14	Statin use in persons with diabetes (SUPD)	1	< 76%	76%	81%	85%	89%

Adherence

Definitions and Talking Points

World Health Organization guidelines for adherence to long-term therapies[1]:

- **Adherence:** The extent to which a person's behavior, such as taking medication, following a diet or healthy lifestyle changes, coincides with recommendations from a health care provider.
- **Medication Adherence:** The patient's conformance with the provider's recommendation with respect to timing, dosage, and frequency of medication- taking during the prescribed length of time.

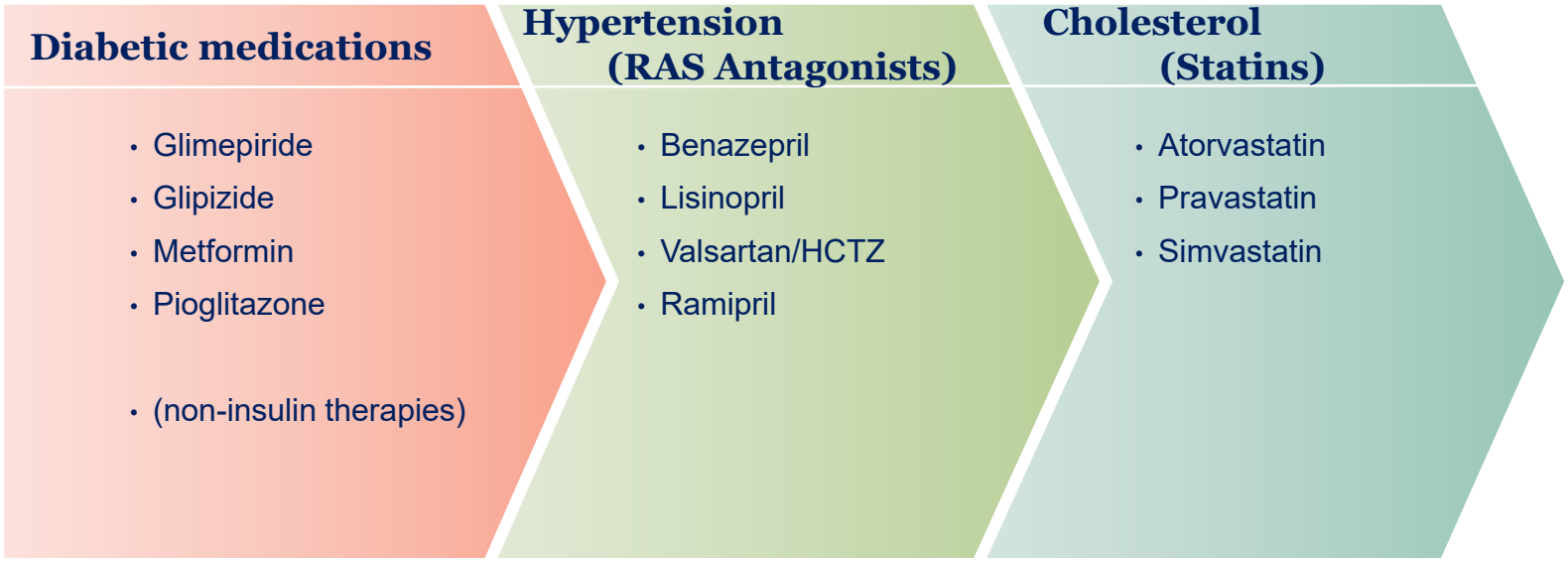
Primary non-adherence is when a prescription is written but the patient does not fill the prescription. This is harder to quantify because of a lack of claims data.

Secondary non-adherence is when a prescription is written but the patient does not continue to conform to the providers recommendations.

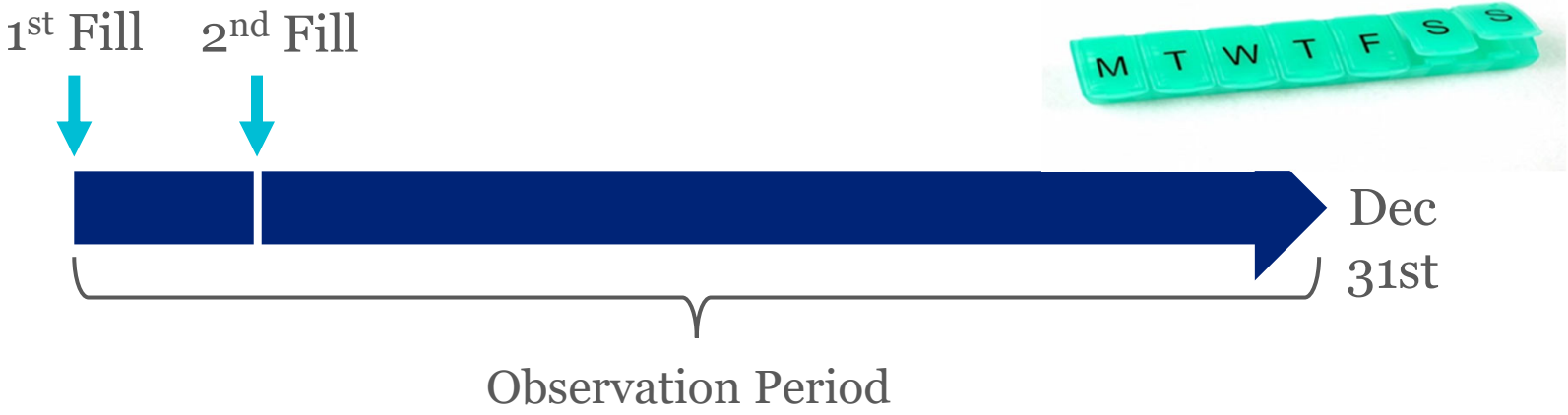
[1] WHO, Adherence Therapies

Track Class vs Individual Rx
Let me explain:

Below are some examples of drugs monitored and measured for medication adherence.



Measuring Medication Adherence
When does a patient become eligible?



PDC = $\frac{\text{Days Supply Received in Observation Period}}{\text{Days in Observation Period}} \times 100$

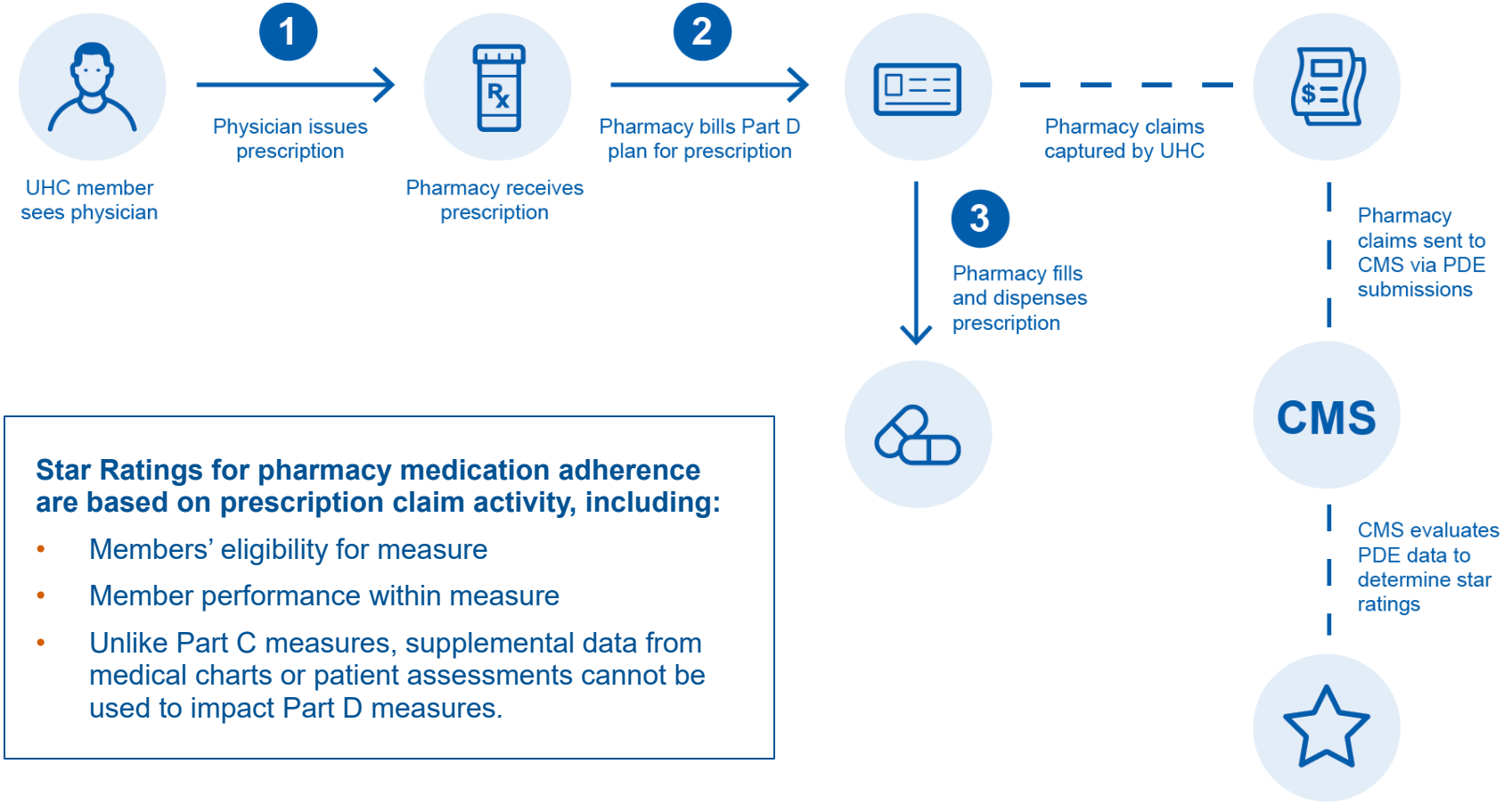
Calculation starts upon 1st fill
Eligible* to start calculation starts with 2nd fill
(*eligible for the measure upon 2nd fill)

Assessing Medication Adherence

Proportion of Days Covered (PDC):
This measure uses claims data to assess adherence.

- The measure is defined as the number of days with the drug available divided by the number of days in the specified time interval. It can be multiplied by 100 to yield a percentage.
    - For example, if the measurement period is 365 days, and the patient's first fill of the medication is on 20th day of the year, then the denominator period is 345 days.
    - **Formula:** 365 – 20 = 345 x 80% PDC or 276 days of drugs on hand.
    - The member can miss filling the medication for up to 69 days.
    - On the 70th missed day, the member is considered non-compliant and fails the measure for the calendar year.
    - If the PDC is greater than 80 percent, a patient is considered adherent.
    - *pencils down 12.31

CMS Assessment of Part D Medication Adherence



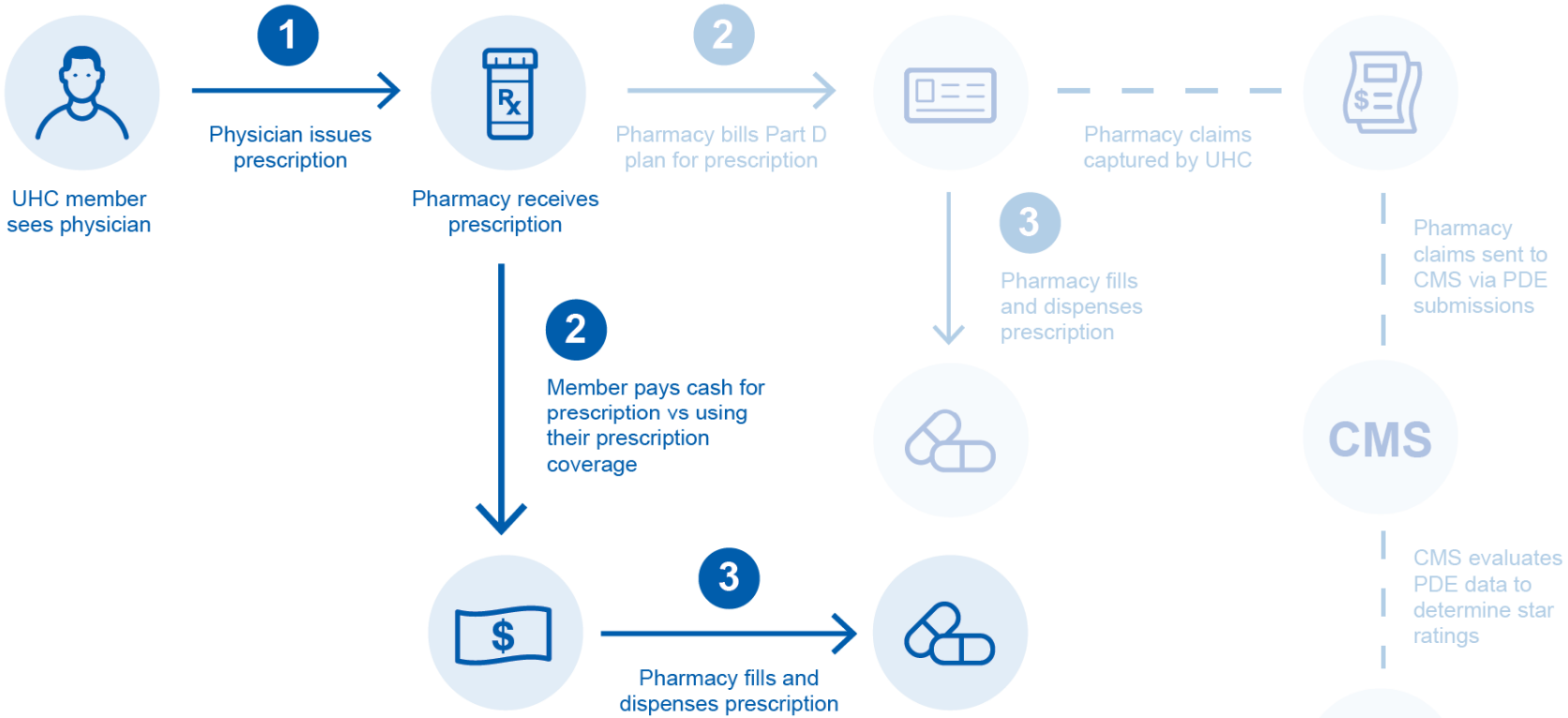
Star Ratings for pharmacy medication adherence are based on prescription claim activity, including:

- Members' eligibility for measure
- Member performance within measure
- Unlike Part C measures, supplemental data from medical charts or patient assessments cannot be used to impact Part D measures.

Negative Impact of Physician Sampling on Medication Adherence Scores

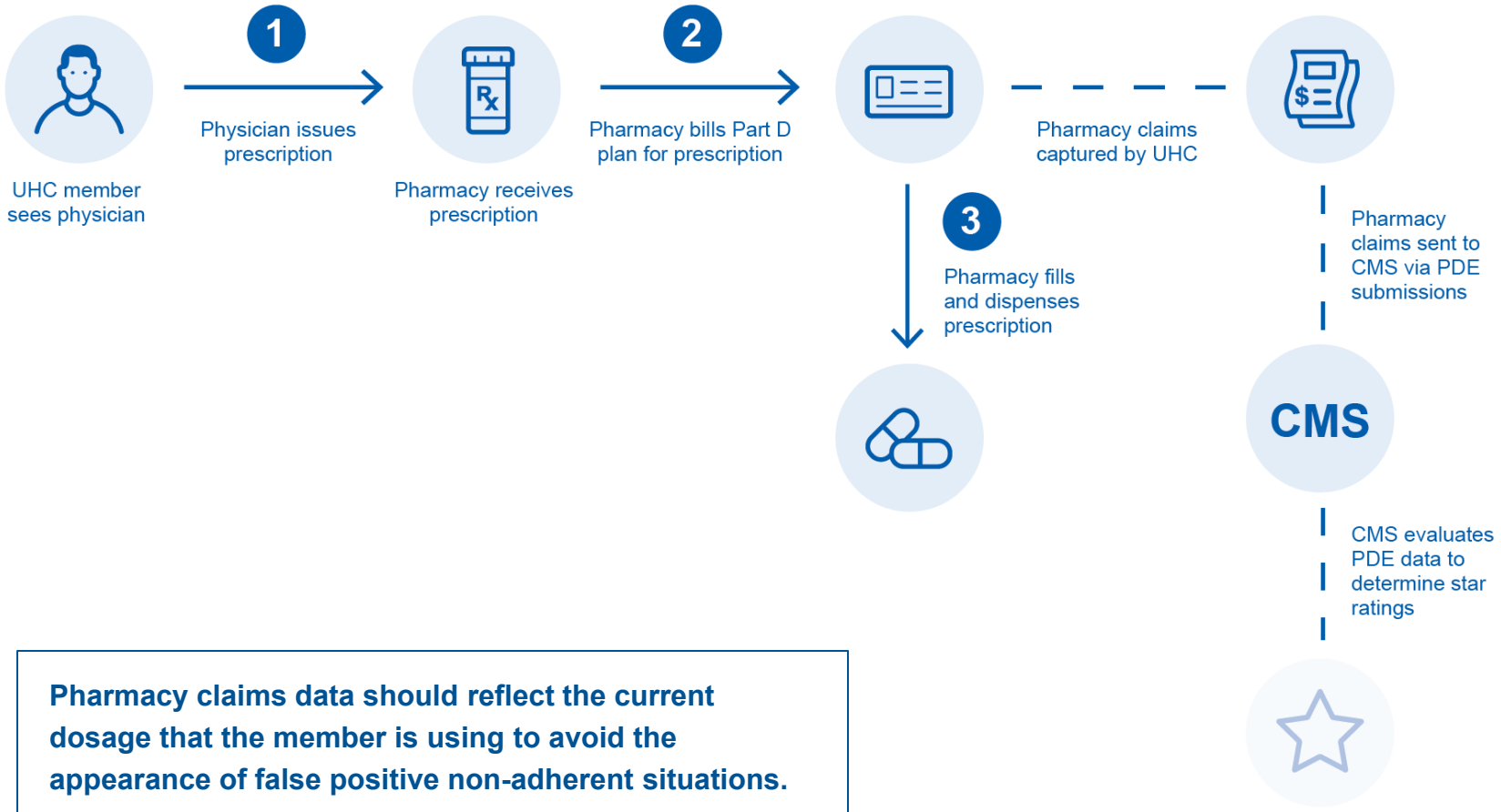
Physician sampling disrupts the typical process and prevents CMS from identifying the drug supply provided to the member via samples

Negative Impact of not utilizing Part D Plan on Medication Adherence Scores



Members that do not use their Part D Plan to process their prescription (i.e. pay cash) do not have their drug supply recognized by CMS in the calculation of adherence values.

Negative Impact of Erroneous and/or Inconsistent Rx Claim Data on Adherence Scores



Pharmacy claims data should reflect the current dosage that the member is using to avoid the appearance of false positive non-adherent situations.

Appreciate your time!

Part II>
Let's go deeper:

Diving Deep into Medication Adherence

Medicare Part D

Medication Adherence Part 2

Welcome & Thanks for joining!

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Presenters

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  Pharmacy Associate Director
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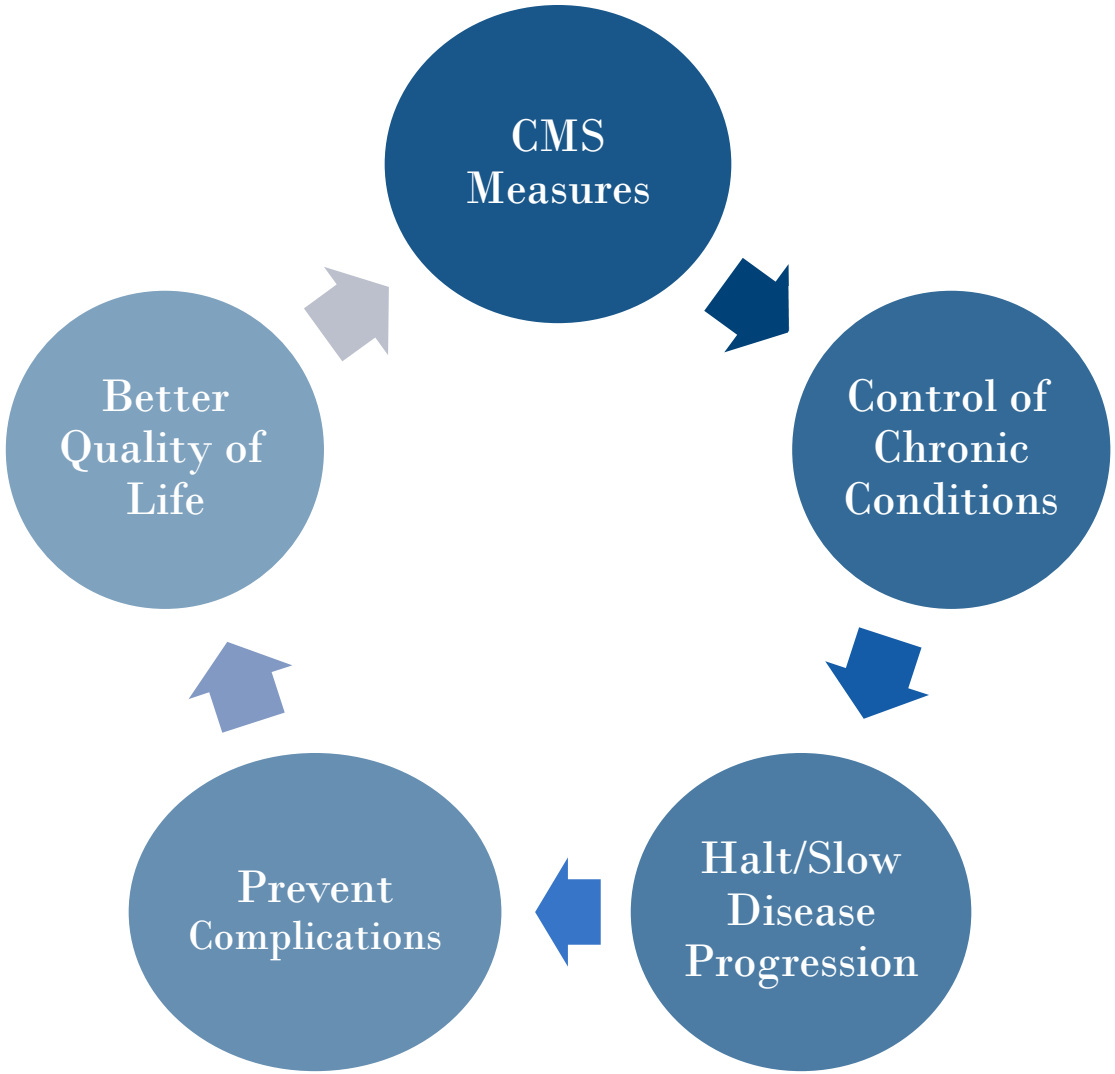
Objectives

- Introductions
- Why is Medication Adherence Important?
- Medication Adherence Overview – refresh from part I
- Terminology – more to know
- Review each medication adherence measure
- Overview of claims algorithms
- How medication adherence is calculated
- Patient identification

Driven Factor: Patient Outcome > Better Quality of Life



Why is Medication Adherence Important

- Approximately 50% of patients with chronic illness do not take medications as prescribed.
- Non-adherence to medication in the US is estimated to:
  - cause about 125,000 deaths and at least 10% hospitalizations annually
  - incur costs between $100 billion and $289 billion per year

Brown MT, Bussell JK. Medication adherence: WHO cares? Mayo Clinic proceedings. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3068890/. Published April 2011. Accessed March 15, 2019.
Viswanathan, M., Golin, C., Jones, C., Ashok, M., Blalock, S., Wines, R., Coker-Schwimmer, E., Rosen, D., Sista, P. and Lohr, K. (2012). *Interventions to Improve Adherence to Self-administered Medications for Chronic Diseases in the United States*. [online] annals.org. Available at: https://annals.org/aim/fullarticle/1357338/interventions-improve-adherence-self-administered-medications-chronic-diseases-united-states [Accessed 6 Mar. 2019].

Defining Adherence

Adherence

Medication adherence

Primary non-adherence

Secondary non-adherence

Medication Adherence Overview

CMS Part D Medication Adherence Measures

- Centers for Medicare & Medicaid Services (CMS) Part D medication adherence measures are used to help increase the number of Medicare members taking their cholesterol, diabetes or hypertension medications as prescribed. The following three measures are triple-weighted.

Which conditions are CMS assessing?

- MAC: medication adherence for cholesterol
- MAD: medication adherence for diabetes
- MAH: medication adherence for hypertension

Adherence defined by CMS

- Considered adherent if portion of days covered (PDC) ≥80% at the end of a measurement period (day of first fill to end of year).
- obtain timely refills and have medication on hand at least 80 percent
- Based entirely on prescription claims processed at the pharmacy under part D benefit

What's PDC & other terms to know…

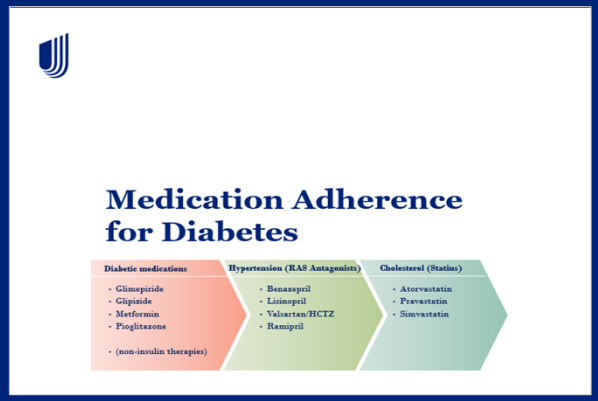
Proportion of Days Covered (PDC) Measures also referenced as PDC

- PDC covered measure rates of prescription claims within the measurement period
- Claims dispensed represent medications in the same class or within the therapeutic class being assessed by CMS
- A threshold is determined to verify if a medication will achieve the most clinical benefit which is set at 80%
- The measure performance is calculated by end of year, Dec 31, for PDC final calculation and/or determination

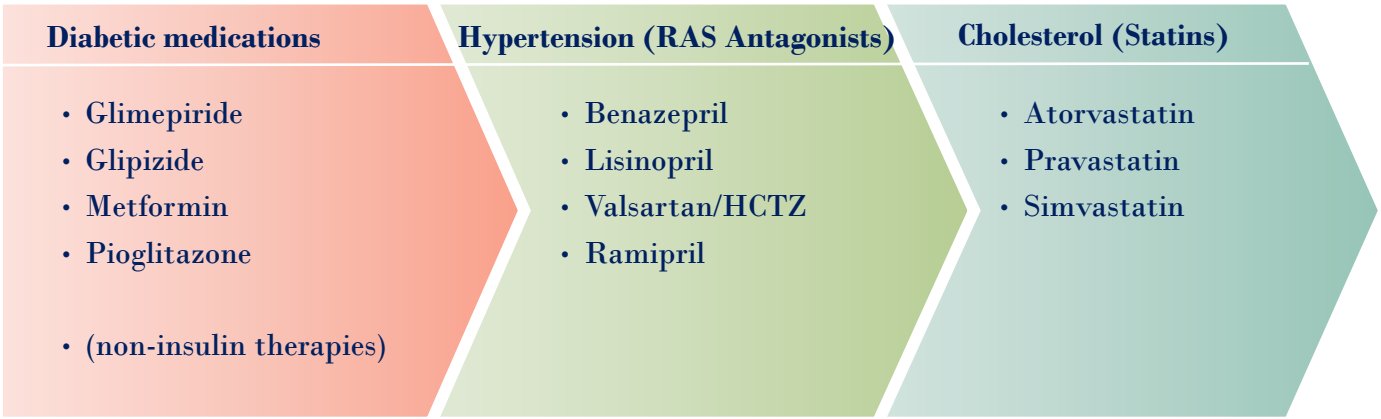
Allowable Days Remaining also referenced as ADR

- **ADR** is the number of days, allowable, until the patient will fail the measure.
- Once the patient has moved beyond the amount of allowable days, -1 & > - then they have failed the measure; no longer compliant;
- Unless an exclusion is met then allowable days remaining until the patient fails the CMS measure;

Medication Adherence STARs Measures



Medication Adherence for Diabetes



Medication Adherence for Diabetes (MAD)

Definition

- Percentage of members ages > 18 with a PDC calculation of ≥ 80% for their medications (non-insulin) for diabetes during the measurement year
- Triple Weight

Compliancy

- ≥ 80% proportion of days covered (starting from date of 1st fill)
- Pharmacy Claims Data ONLY

Qualifying Medications

- Biguanides, sulfonylureas, thiazolidinediones, DPP-4 inhibitors, incretin mimetics, meglitinides, SGLT2 inhibitors, GLP1 agonists

Exclusions

- ESRD, Hospice, ≥ 1 Rx claim for insulin, < 18 years old

- PDC calculation uses **days supply dispensed** and **refill dates** to determine the number of days member has medication on hand

Medication Adherence for Hypertension (RAS Antagonists)

Medication Adherence for Hypertension (MAH)

Definition

- Percentage of members ages > 18 with a PDC calculation of ≥ 80% for their medications (RAS antagonists) for hypertension during the measurement year
- Triple Weight

Compliancy

- ≥ 80% proportion of days covered (starting from date of 1st fill)
- Pharmacy Claims Data ONLY

Qualifying Medications

- ACE inhibitors, ARBs, direct renin inhibitor

Exclusions

- ESRD, Hospice, ≥ 1 Rx claim sacubitril/valsartan, < 18 years old

- PDC calculation uses **days supply dispensed** and **refill dates** to determine the number of days member has medication on hand

Medication Adherence for Cholesterol

Medication Adherence for Cholesterol (MAC)

Definition

- Percentage of members ages > 18 with a PDC calculation of ≥ 80% for their medications (statins) for cholesterol during the measurement year
- Triple Weight

Compliancy

- ≥ 80% proportion of days covered (starting from date of 1st fill)
- Pharmacy Claims Data ONLY

Qualifying Medications

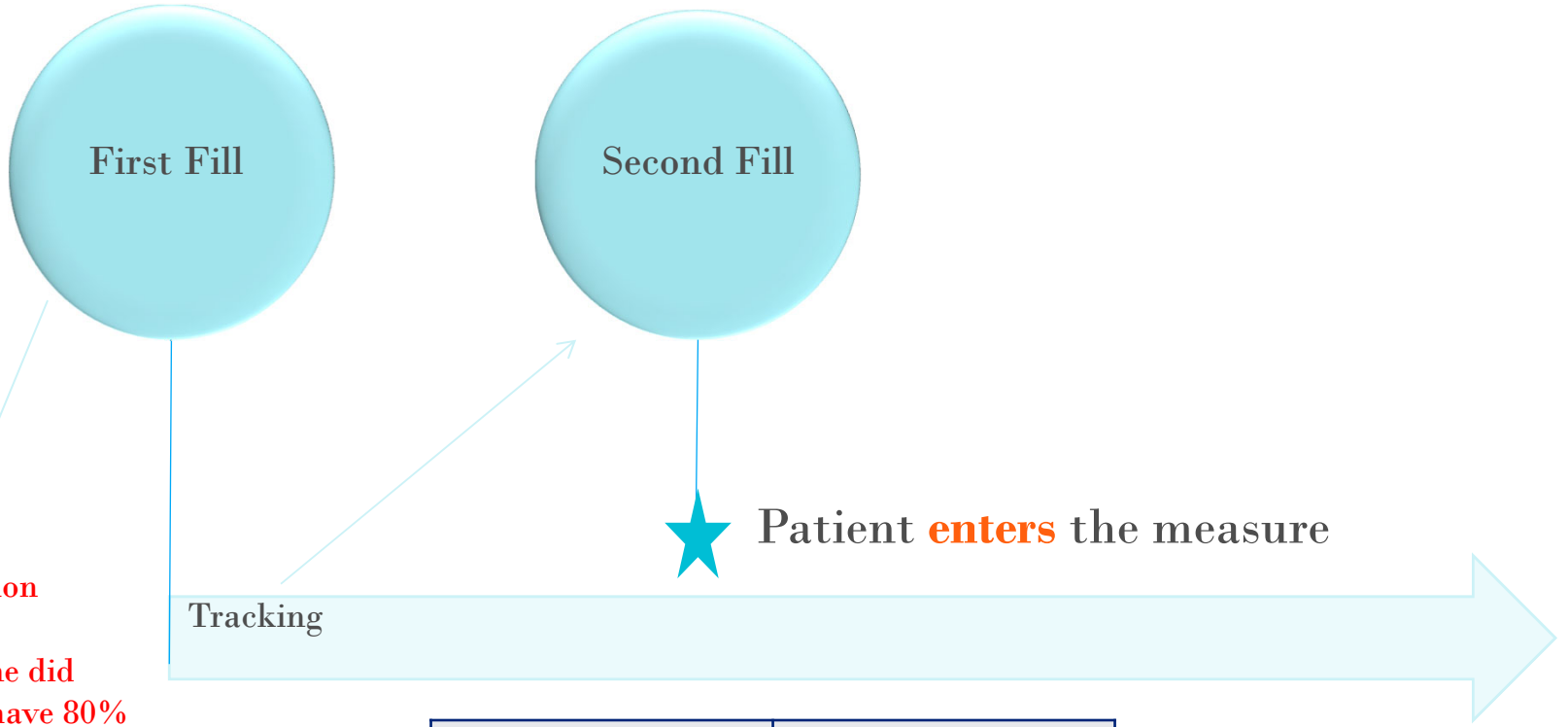
- Atorvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin

Exclusions

- ESRD, Hospice, < 18 years old

- PDC calculation uses **days supply dispensed** and **refill dates** to determine the number of days member has medication on hand

CMS Monitor - REMINDER
Difference 1st vs 2nd (refill)



1st Fill	Oct. 15th
2nd Fill	Dec. 20th
Days remaining to be late to fill: ADR	12

Pearl:

- If days from 1st fill to today > ADR

→ Patient will fail measure if refill

Medication Adherence Summary

Triple Weighted

Data from pharmacy claims

Qualifier: ≥ 2 Rx filled on unique dates of service

Compliance = PDC ≥ 80%

How Does CMS Assess Adherence?

Proportion of Days Covered (PDC):

- PDC calculation uses **days supply dispensed** and **refill dates** to determine the number of days member *has medication on hand*
- Accounts for overlapping fills, medications within the same class and inpatient hospitalizations
- Only medications processed at pharmacy using member's Part D benefit are included in adherence calculation
- When PDC falls below 80% EOY = Not Complaint Fail (RED) ; NO ADR remain (-1, -2, -3, etc.)

Allowable Days Remaining (ADR):

ADR: The allowable days remaining until the patient fails the measure (When PDC falls below 80%).

- **Calculation starts back from 1st Rx fill**
- **Example: Jan 20* fill (365 days – 20*= 345 days left in year * 80% = 276* pills will be assessed by CMS needed to have picked up**

Part III>
Statin Use Measure Review
&
Diving Deep Barriers &
Opportunities to Aid Adherence

Measure Overview & more

Statin Use in Patients Part III
&
Barriers & Opportunities

Welcome & Thanks for joining!

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Presenters

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Objectives

- Refresh > med adherence
- What are potential barriers and opportunities to help?
- Medication Adherence Overview – refresh from part I
- Terminology – more to know
- Review each medication adherence measure
- Overview of claims algorithms
- How medication adherence is calculated
- Patient identification

Medication Adherence Overview: Diabetes (MAD) HTN (MAH) Cholesterol (MAC)

Plan affected

- Medicare Advantage

Quality program affected

- CMS star ratings

Pharmacy Collection

- Part D pharmacy claims
- Triple Weighted Measures

To comply with measure

- Must have **PDC ≥80%**
- Measurement period: 1/1-12/31

Therapy

- **MAD**: Biguanides, DPP-4 inhibitors, Incretin mimetics, Meglitinides, SGLT2 inhibitors, Sulfonylureas, TZDs
- **MAH**: ACEi, ARB, DRI
- **MAC**: Statins

Exclusions

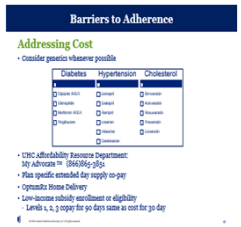
- **MAD**: Hospice, ESRD, **Insulin therapy**
- **MAH**: Hospice, ESRD, **Entresto therapy**
- **MAC**: Hospice, ESRD

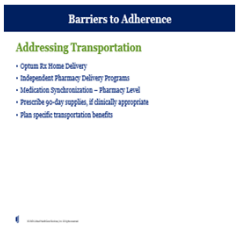
Table PDC-H: Insulin Exclusion

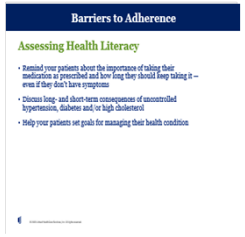
Insulins		
• insulin aspart (+/-insulin aspart protamine) • insulin degludec (+/- liraglutide) • insulin detemir	• insulin glargine (+/- lixisenatide) • insulin glulisine • insulin isophane (+/- regular insulin)	• insulin lispro (+/- insulin lispro protamine) • insulin regular (including inhalation powder)

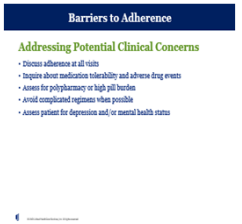
NOTE: The active ingredients are limited to inhaled and injectable formulations only.

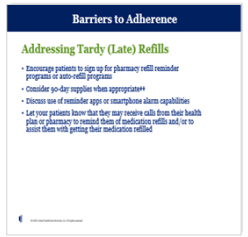
Potential Adherence Barriers

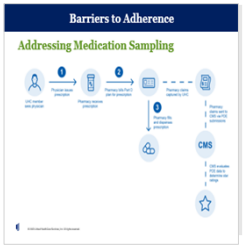


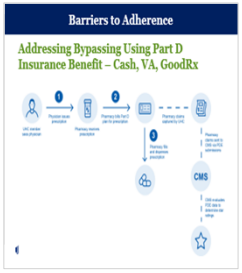












Barriers to Adherence

Addressing Cost

- Consider generics whenever possible

Diabetes	Hypertension	Cholesterol
☐ Glipizide IR/ER	☐ Lisinopril	☐ Simvastatin
☐ Glimepiride	☐ Enalapril	☐ Atorvastatin
☐ Metformin IR/ER	☐ Ramipril	☐ Rosuvastatin
☐ Pioglitazone	☐ Losartan	☐ Pravastatin
	☐ Valsartan	☐ Lovastatin
	☐ Candesartan	

- UHC Affordability Resource Department:
  My Advocate ™ (866)865-3851
- Plan specific extended day supply co-pay
- OptumRx Home Delivery
- Low-income subsidy enrollment or eligibility
  - Levels 1, 2, 3 copay for 90 days same as cost for 30 day

Barriers to Adherence

Addressing Transportation

- Optum Rx Home Delivery
- Independent Pharmacy Delivery Programs
- Medication Synchronization – Pharmacy Level
- Prescribe 90-day supplies, if clinically appropriate
- Plan specific transportation benefits

Barriers to Adherence

Assessing Health Literacy

- Remind your patients about the importance of taking their medication as prescribed and how long they should keep taking it — even if they don't have symptoms
- Discuss long- and short-term consequences of uncontrolled hypertension, diabetes and/or high cholesterol
- Help your patients set goals for managing their health condition

Barriers to Adherence

Addressing Potential Clinical Concerns

- Discuss adherence at all visits
- Inquire about medication tolerability and adverse drug events
- Assess for polypharmacy or high pill burden
- Avoid complicated regimens when possible
- Assess patient for depression and/or mental health status

Barriers to Adherence

Addressing Tardy (Late) Refills

- Encourage patients to sign up for pharmacy refill reminder programs or auto-refill programs
- Consider 90-day supplies when appropriate**
- Discuss use of reminder apps or smartphone alarm capabilities
- Let your patients know that they may receive calls from their health plan or pharmacy to remind them of medication refills and/or to assist them with getting their medication refilled

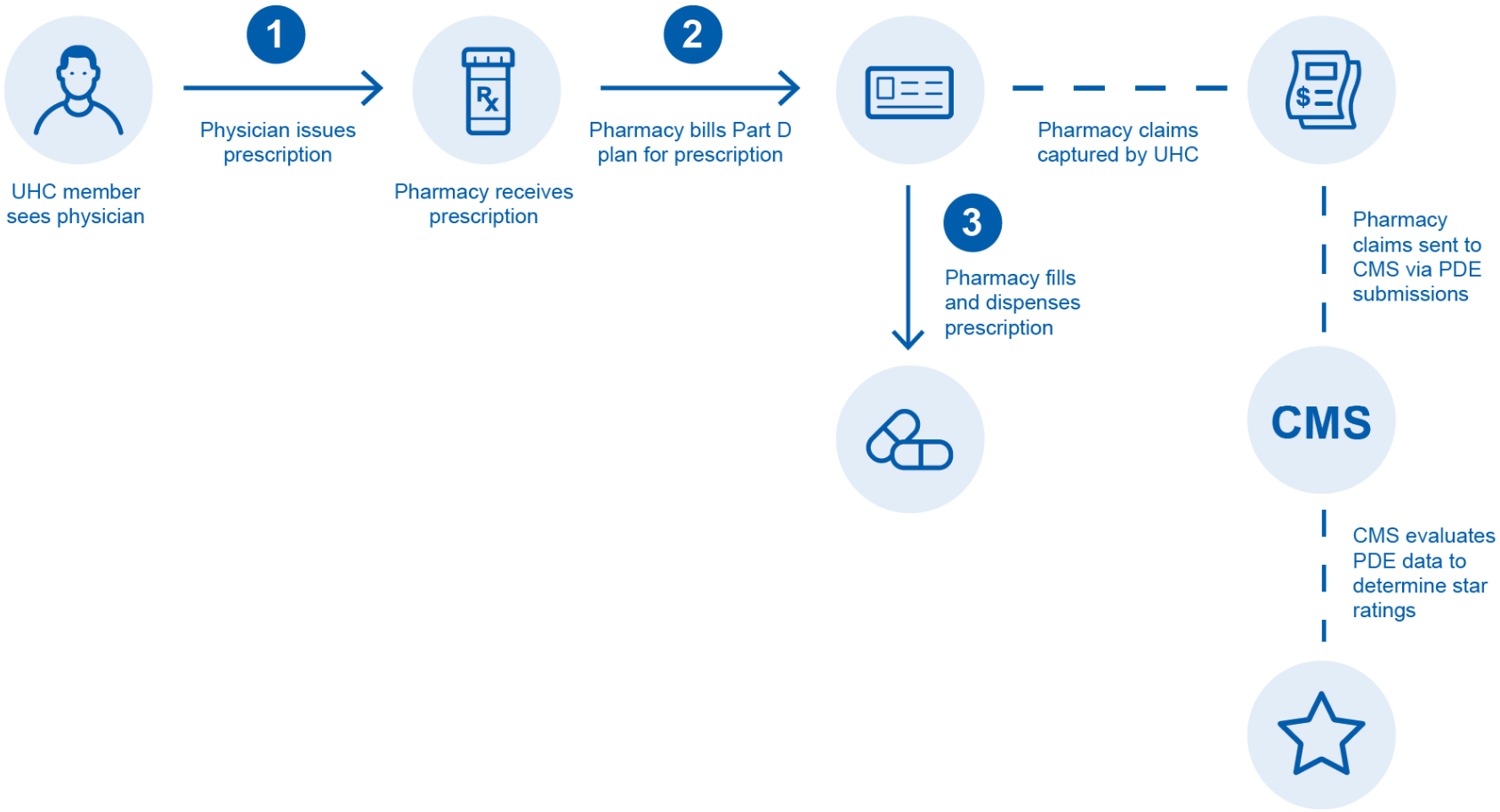
Barriers to Adherence

Addressing Forgetfulness

- Pillbox
- Alarm on their phone or clock
- Asking family/friend to call at a specific time or take all medications at the same time of day
- **For your patients on statins:** Discuss what time of day statin medications can be taken. Some can be taken at any time, so long as it's at the same time every day. Others must be taken in the evening. According to their package inserts, which were written by the medication manufacturer:
  - Atorvastatin, rosuvastatin, pravastatin, fluvastatin (extended release) and pitavastatin can be taken at any time during the day
  - Simvastatin, lovastatin (immediate and extended release) and fluvastatin (immediate release) must be taken in the evening
- If patients are on a statin that can be taken at any time and are forgetting their medication, consider encouraging them to take it at a more convenient or easier to remember time to help improve adherence

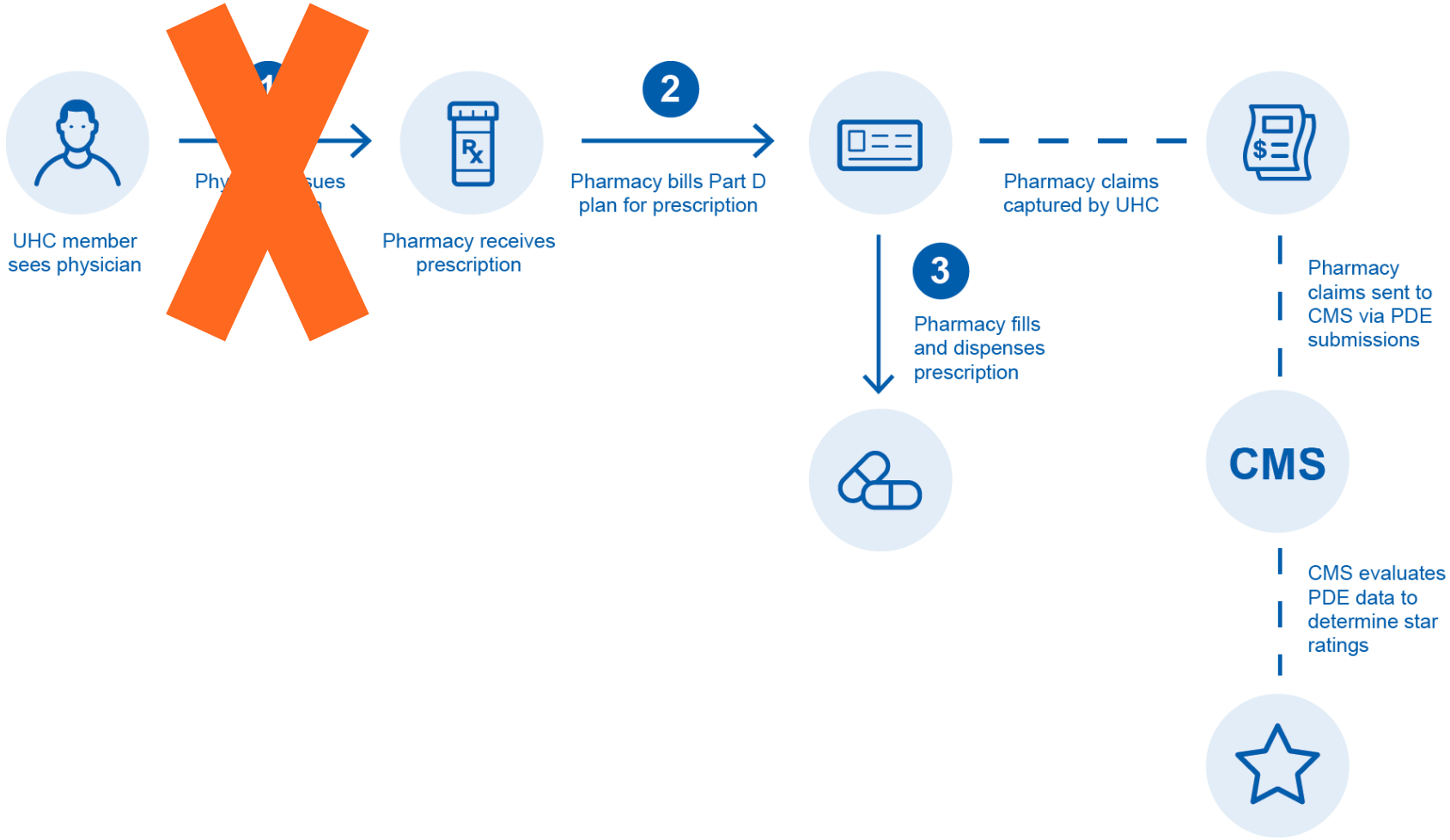
Barriers to Adherence

Addressing Medication Sampling



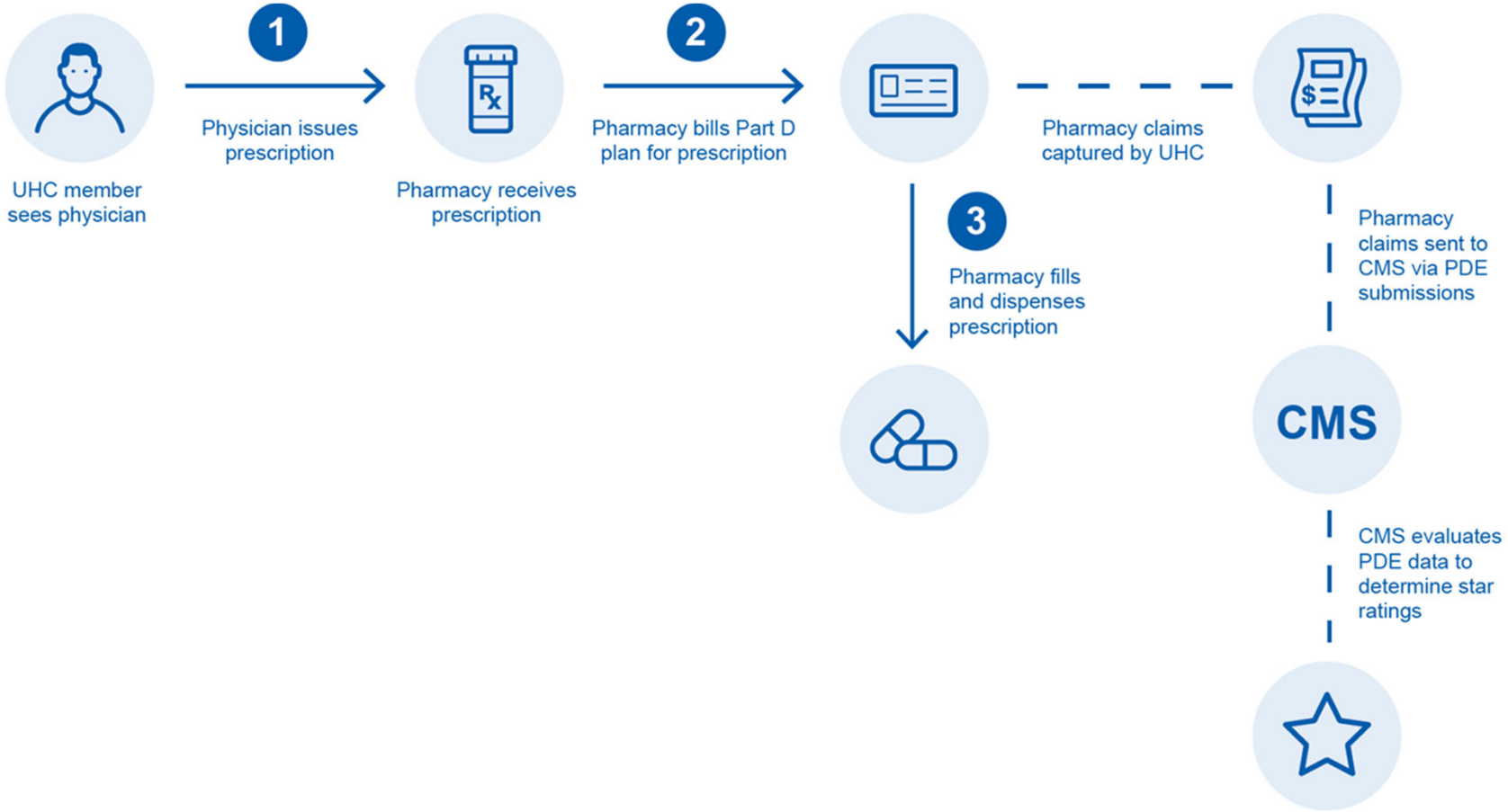
Barriers to Adherence

Addressing Medication Sampling



Barriers to Adherence

Addressing Bypassing Using Part D Insurance Benefit – Cash, VA, GoodRx



Barriers to Adherence

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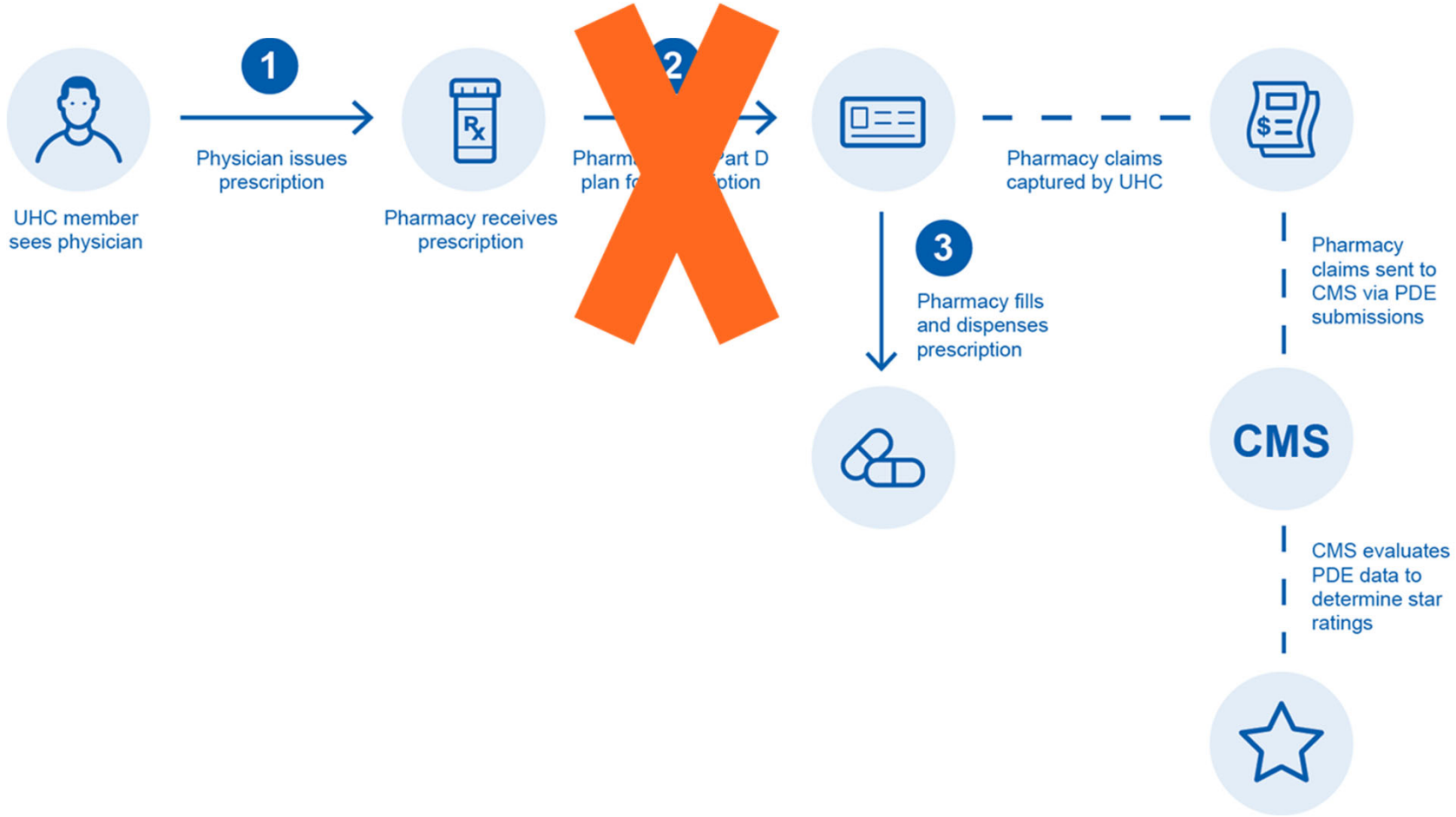

Statin Use Measures

Objectives

- Introduction
- CMS Measures for HEDIS & Stars review:
  - Overview Statin Use in Patient with CV Disease
  - Overview Statin Use in Patient with Diabetes
- What's new for 2021?

Statin Use in Patients with Diabetes

Definition

- Percentage of members with diabetes ages 40-75 who receive at least one fill of a statin medication in the measurement year
- 2 fills of a diabetic medications (including insulin)
- SINGLE Weight

Compliancy

- 1 fill of a statin medication in the measurement year
- DOSE: any dose

Qualifying Medications

- Atorvastatin, rosuvastatin, simvastatin, pravastatin, lovastatin, amlopidine/atorvastatin, Fluvastatin, ezetimibe/simvastatin, pitavastatin

Exclusions

- **ESRD, Hospice and added more exclusions…**

What happens upon the 2nd fill of a Statin?

What measure now will the patient be eligible for?

New for 2021

- The index prescription start date for the SUPD measure should occur at least 90 days prior to the end of the measurement year.

The following exclusions have been added for the measure:

- Beneficiaries with rhabdomyolysis or myopathy
- Pregnancy, lactation or fertility
- Liver disease
- Pre-diabetes
- Polycystic ovary syndrome (PCOS)

Statin Therapy in People with Diabetes
Recommendation Supported by National Guidelines

2013 American College of Cardiology/American Heart Association (ACC/AHA) Guidelines

Recommend moderate- to high-intensity statin therapy for patients with diabetes ages 40–75 to help prevent atherosclerotic cardiovascular disease (ASCVD).

Recognize patients ages 40–75 with diabetes are at a substantially higher lifetime risk for ASCVD events and experience greater morbidity and worse survival rates following the start of clinical ASCVD.

Indicate statins have been shown to be effective in reducing the risk for cardiovascular events

2018 ACC/AHA Multi-society Guideline on the Management of Blood Cholesterol

Recommend starting moderate-intensity statins in patients with diabetes ages 40-75 years and an LDL-C level of ≥70 mg/dl without calculating 10-year ASCVD risk.

In patients with diabetes at higher risk, especially those with multiple risk factors or those 50 to 75 years of age, it is reasonable to use a high-intensity statin to reduce the LDL-C level by ≥50%.

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

Recommend moderate-intensity statins in adults 40 to 75 years of age with diabetes, regardless of estimated 10-year ASCVD risk. Use risk estimate to consider high-intensity statins in this patient population.

Risk-enhancers in patients with diabetes include ≥10 years for T2DM and 20 years for type 1 DM, ≥30 mcg albumin/mg creatinine, eGFR <60 ml/min/1.73 m2, retinopathy, neuropathy, ABI <0.9.

In those with multiple ASCVD risk factors, consider high-intensity statin with aim of lowering LDL-C by ≥50%.

2019 American Diabetes Association (ADA) guidelines

Recommend moderate-intensity statins in addition to lifestyle therapy in patients with diabetes aged 40–75 years without ASCVD.

For patients of all ages with diabetes and ASCVD or 10-year ASCVD > 20%, high-intensity statin therapy should be added to lifestyle therapy

For patients who do not tolerate the intended intensity, the maximally tolerated statin dose should be used.

References included at the end of the presentation.

Statin Therapy in Persons with Cardiovascular Disease

Definition

- Percentage of male members **ages 21-75 or female members ages 40-75** who have clinical ASCVD and receive at least one fill of **a moderate- or high-intensity** statin during the measurement year
- Single Weight

Compliancy

- 1 fill of a moderate- or high-intensity statin in the measurement year
- DOSE MATTERS

Qualifying Medications

- Atorvastatin 10-80 mg, rosuvastatin 5-40 mg, simvastatin 20-80 mg, pravastatin 40-80 mg, lovastatin 40 mg, Fluvastatin 40 mg BID, amlodipine/atorvastatin 20-80 mg, ezetimibe/simvastatin 20-80 mg, pitavastatin 2-4 mg

Exclusions

- **Hospice**, myalgia, myositis, myopathy, rhabdomyolysis, ≥ 66 yo AND frailty AND advanced illness, ≥ 66 yo in an ISNP or living in an institution, cirrhosis, been dispensed ≥ 1 Rx for clomiphene, **ESRD,** Dx of pregnancy, IVF

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Palliative care is a required exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion criteria.

Which Statin to Choose?

SUPD

- Atorvastatin
- Simvastatin
- Rosuvastatin
- Pravastatin
- Lovastatin
- Fluvastatin
- Pitavastatin
- Atorvastatin combos
- Simvastatin combos

SPC

- Atorvastatin 10-80 mg
- Rosuvastatin 5-40 mg
- Simvastatin 20-80 mg
- Pravastatin 40-80 mg
- Lovastatin 40 mg
- Fluvastatin 40 mg BID
- Amlodipine/atorvastatin 20-80 mg
- Ezetimibe/simvastatin 20-80 mg
- Pitavastatin 2-4 mg

Cholesterol (Statin) Medications

Statin Therapy for Patients With Cardiovascular Disease (SPC) > DOSE MATTERS!! >> mod-high close gap

High-Intensity Statin[6]	Moderate-Intensity Statin[6]	
Atorvastatin 40–80 mg	Atorvastatin 10–20 mg	Lovastatin 40 mg
Rosuvastatin 20–40 mg	Pravastatin 40–80 mg	
Simvastatin 80 mg	Simvastatin 20–40 mg	
	Rosuvastatin 5–10 mg	
Fluvastatin 40 mg bid[8]	Amlodipine-atorvastatin 40–80 mg[7]	Amlodipine-atorvastatin 10–20 mg[7]
Ezetimibe-simvastatin 80 mg[9]	Ezetimibe-simvastatin 20–40 mg[9]	
	Livalo® 2–4 mg	

Statin Use in Persons With Diabetes (SUPD) > DOSE DOES NOT MATTER!

Statins[7]				
Atorvastatin	Rosuvastatin	Simvastatin	Pravastatin	Lovastatin
Amlodipine/ Atorvastatin	Fluvastatin			
Ezetimibe-simvastatin	Livalo®			

Statin Use in Persons with Diabetes Mellitus (SUPD)

Key Takeaways

- Percentage of members **40-75 years old** with at least 2 fills of any diabetes medication who are then prescribed a statin
- Statin can be of any intensity, any dosing regimen
- Needs to be filled only once to close the gap for the year
- After 2 fills, patients falls into the MAC metric and will be assessed for adherence
- Exclusions:
  - Rhabdomyolysis or myopathy, **myalgia is NOT an exclusion*
  - Pregnancy, lactation or fertility
  - Liver disease
  - Pre-diabetes
  - Polycystic ovary syndrome (PCOS)
  - ESRD
  - Hospice

- *Part D Measure*

Note: Coding for exclusion must be done during the visit by the provider (in-person or audio/video visit)
- Hospice
- 66+ I-SNP or institutionalized
- Dispensed clomiphene

Diagnosis:
- ESRD or dialysis (N18.5, N18.6, Z99.2)
- Liver disease (for a comprehensive list, go to the SUPD link)
- Myopathy or rhabdomyolysis (G72.0, G72.89, G72.9, M60.80, M60.9, M62.82T46.6X5A)
- Prediabetes (R73.03, R73.09)

New for 2021

- The index prescription start date for the SUPD measure should occur at least 90 days prior to the end of the measurement year.

Statin Therapy for Patients with Cardiovascular Disease (SPC)

Key Takeaways

- Percentage of males 21-75 years of age and females 40-75 years of age with ASCVD who are dispensed at least one moderate or high intensity statin during the measurement year
- Agent and dose matter
- Needs to be filled only once to close the gap for the year
- Exclusions: includes myalgia, myopathy, rhabdomyolysis
- *Part C Measure*

New for 2021

Updated

- The advanced illness exclusion can be identified from a telephone visit, e-visit or virtual check-in.

Added

- Palliative care is a required exclusion for this measure.
- Donepezil-memantine to the Dementia Medication list for exclusion criteria.

Exclusions

Note: Coding for exclusion must be done during the visit by the provider (in-person or audio/video visit)

- Hospice or palliative care
- 66+ frailty and advanced illness
- 66+ I-SNP or institutionalized

Diagnosis:

- Dispensed clomiphene
- ESRD (N18.5, N18.6, Z99.2)
- Cirrhosis (K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69, P78.81)
- Myalgia, myositis, myopathy or rhabdomyolysis (G72.0, G72.2, G72.9, M60.80, M60.811, M60.812, M60.819, M60.821, M60.822, M60.829, M60.831, M60.832, M60.839, M60.841, M60.842, M60.849, M60.851, M60.852, M60.859, M60.861, M60.862, M60.869, M60.871, M60.872, M60.879, M60.88, M60.89, M60.9, M62.82, M79.1, M79.10, M79.11, M79.12, M79.18)

Getting Started with Home Delivery

Member Call UHC

Number found on back of member's ID card

First time members will be transferred to the ORx First Fill Team for "concierge service" in getting set up

(800)791-7658 applicable GA Market

Member Call OptumRx

Phone number included in member materials

- ORx will then reach out to member's provider to request Rxs
- Member will share provider's name and address, name of Rx, dosage and frequency with ORx
- ORx will send 2 faxes to provider over 3 business days
- If provider does not respond, ORx will call/email the member for the member to reach out to provider

Provider E-Prescribe

Providers can send Rxs directly to ORx

Member will be contacted by ORx to provide consent to dispense

OptumRx Mail Services

Org ID 33115, NCPDP ID 0556540

Address field: Locker Avenue, Carlsbad, CA

Fax (800)491-7997

Knowledge Check

TRUE or FALSE?

- A plan member with a proportion of days covered (PDC) rate of 82 percent is considered compliant with medication adherence.
- For a member to become eligible for adherence measures, they must have at least two prescriptions filled within the measurement period.

Knowledge Check

3. Which class(es) of medication fall(s) under the category of renin-angiotensin-system (RAS) antagonists [medication adherence for hypertension (MAH) medications]?
   - A. Angiotensin II receptor blockers (ARBs)
   - B. Angiotensin-converting enzyme (ACE) inhibitors
   - C. Direct renin inhibitors
   - D. All of the above

4. Pharmacy medication adherence clinical star ratings based entirely on which claim activity?
   - A. Prescription Data
   - B. Supplemental Data
   - C. Provider data
   - D. Operational data

Knowledge Check

5. What is the weighting for starred medication adherence measures for diabetes, hypertension and cholesterol medications?

A. Single weight

B. Double weight

C. Triple Weight

D. There is no adherence-weighting measure for these medications.

6. List the 3 medication adherence measures.
   Abbreviations are acceptable.

7. When does the observation period begin and end?
   Jan 1st – Dec 31st