CMS Star Ratings and EQuIPP: What's New for 2017

AmerisourceBergen®

Good Neighbor Pharmacy®

Today's Speaker

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PQS

Agenda

- What is PQS, and EQuIPP?
  - EQuIPP Stats
  - Who Participates
- CMS Star Ratings 2017
  - Background & Review
  - Threshold changes from 2016
    - Graphs-rates are increasing
  - Benefits of Adherence Programs & Tools
- EQuIPP Updates & Review of Features
  - Individual Store Level Analyze Performance
    - Plan Patients, Insurance Mix table, QIP table
  - Outlier Review

What is PQS/EQuIPP?

PQS–Pharmacy Quality Solutions

- PQS has key connections with the pharmacies that serve health plan membership
- EQuIPP is connected to:
  - More than 64,000 pharmacies throughout the U.S.
  - Approximately 58% of Medicare beneficiaries nationwide
  - Represents upwards of 90% of covered Medicare lives in several states
- Types of engagement programs:
  - Performance based networks
  - Quality based contracting arrangements
  - Pilot quality improvement efforts

What is EQuIPP ?

Electronic Quality Improvement Platform for Plans and Pharmacies

EQuIPP a multi-plan, multi-pharmacy platform

- Support collaboration of health plans, PBMs and pharmacies for Quality Improvement related to medication use
- Allows consistent, standardized assessment of community pharmacy performance on Part D stars and other quality measures
- Provides a neutral assessment of quality for trusted performance assessment and benchmarking by all parties
- EQuIPP lays the foundation for performance-based contracts and payment systems for pharmacy networks

Health plans & PBMs

- Access to performance dashboards that display their performance and relevant benchmarks on Star Ratings metrics across lines of business and across geographic regions
- Visibility into the performance of their pharmacy network

Pharmacies

- Access to performance dashboards that report scores and relevant benchmarks across the same key quality measures
- EQuIPP supports multi-tier views of a pharmacy organization's performance

Current Payer Partners:

HEALTH PLANS

- BCBS-MI
- Cigna-HealthSpring
- EnvisionRX (PDP)
- HealthFirst
- Humana
- IEHP
- UnitedHealthcare (MAPD)
- UPMC Health Plan
- Wellcare Medicaid

PBMs

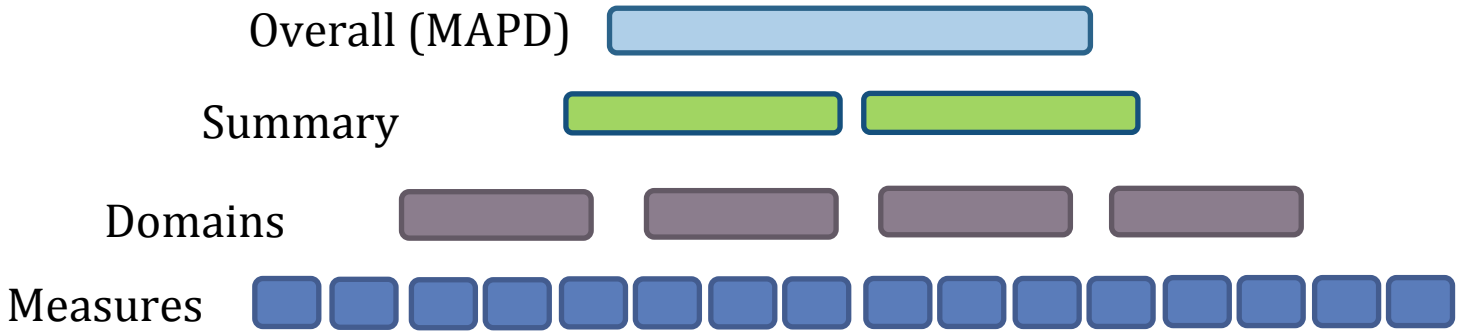
- Caremark
  - CVSC Performance Network Program:
    - SilverScript
    - Health Net
    - United American
    - Clearstone
    - WellCare
    - NEJE
    - Fallon
  - Pharmacy Advisor Commercial
  - Pharmacy Advisor Part D
- Express Scripts
  - Priority Health
  - Highmark BCBS
  - SCAN Health Plan
  - Emblem Health
  - Connecticare
- Prime Therapeutics
  - Florida Blue BCBS-NC
  - BCBS-AL
  - Horizon BCBS
  - BCBS-MN
  - Capital Health Plan
  - BCBS-AR
  - HCSC
  - BCBSTX - Medicaid Alignment

CMS Star Ratings 2017

Medicare Star Ratings Overview

- Annual ratings of Medicare *plans* that are made available on Medicare Plan Finder and CMS website (began in 2008)
  - 2 year data lag; 2017 Ratings represent 2015 performance
- Ratings are displayed as 1 to 5 stars 

- Stars are calculated for each measure, as well as each domain, summary, and overall (applies to MA-PDs) level



[In 2017 - 32 Part C; **15 Part D**]

Ratings of all Medicare plans can be found at:

http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html

2017 CMS Stars: Part D

Medicare drug plans receive a summary rating on quality as well as four domains, and individual measures (15 individual measures)

- Five measures are from PQA (2017):
  - 2 measures of medication safety or MTM
    - High risk medication use in the elderly
      - Will move to display measure in 2018
      - Plans may continue to evaluate pharmacy on HRM in *some* performance programs
    - CMR Completion Rate
      - Added in 2016
  - 3 measures of medication adherence (PDC)
    - Non-insulin diabetes medications
    - Cholesterol medication (statins)
    - Blood pressure (renin-angiotensin system antagonists)

Due to the higher weighting of clinically-relevant measures, these PQA measures account for 42% of Part D summary ratings in 2017

Medicare Part D: Display Measures

- Display measures are *not* part of the Star Ratings, but are used to provide benchmarks and feedback to plans
- CMS also monitors display measures to assess plan performance; poor performance can lead to compliance actions by CMS
- Display measures (from PQA):
  - Drug-Drug Interactions
  - Excessive doses of oral diabetes medications
  - HIV antiretroviral medication adherence *(only in safety reports)*
  - Statin Use in Persons with Diabetes *(will remain a display measure thru 2018)*
    - *Slated to move to a scored measure in 2019*
    - *Plans are already evaluating pharmacy on SUD in some performance programs*

Potential Changes and New Metrics
2018 & Beyond

Antipsychotics evaluation

- Antipsychotic use in persons with dementia
  - ➢ Slated as 2018 Display measure

Opioid Overutilization

- Use of opioids from multiple providers or at high dosage in persons without cancer
  - ➢ Slated as 2019 Display measure

Drug-Drug Interactions

- Currently a display measure
  - ➢ Under evaluation, future changes pending

2016/**2017 MAPD** Star Thresholds

MAPD	2016/**2017** 5 Star	Change	2016/**2017** 4 Star	Change
Cholesterol PDC (Statins)	79% / **82%**	**+3 points**	73% /**77%**	**+4 points**
Diabetes PDC (Non-insulin)	82% / **83%**	**+1 point**	75% / **79%**	**+2 points**
Hypertension PDC (RASA)	81% / **83%**	**+2 points**	77% / **79%**	**+2 points**
HRM-High Risk Medication Use in Elderly	<6% / **<3%**	**-3 points**	<8% / <**5%**	**-3 points**
CMR Completion Rate	76% / **76.8%**	**+0.8 points**	48.6% / **58.1%**	**+9.5 points**

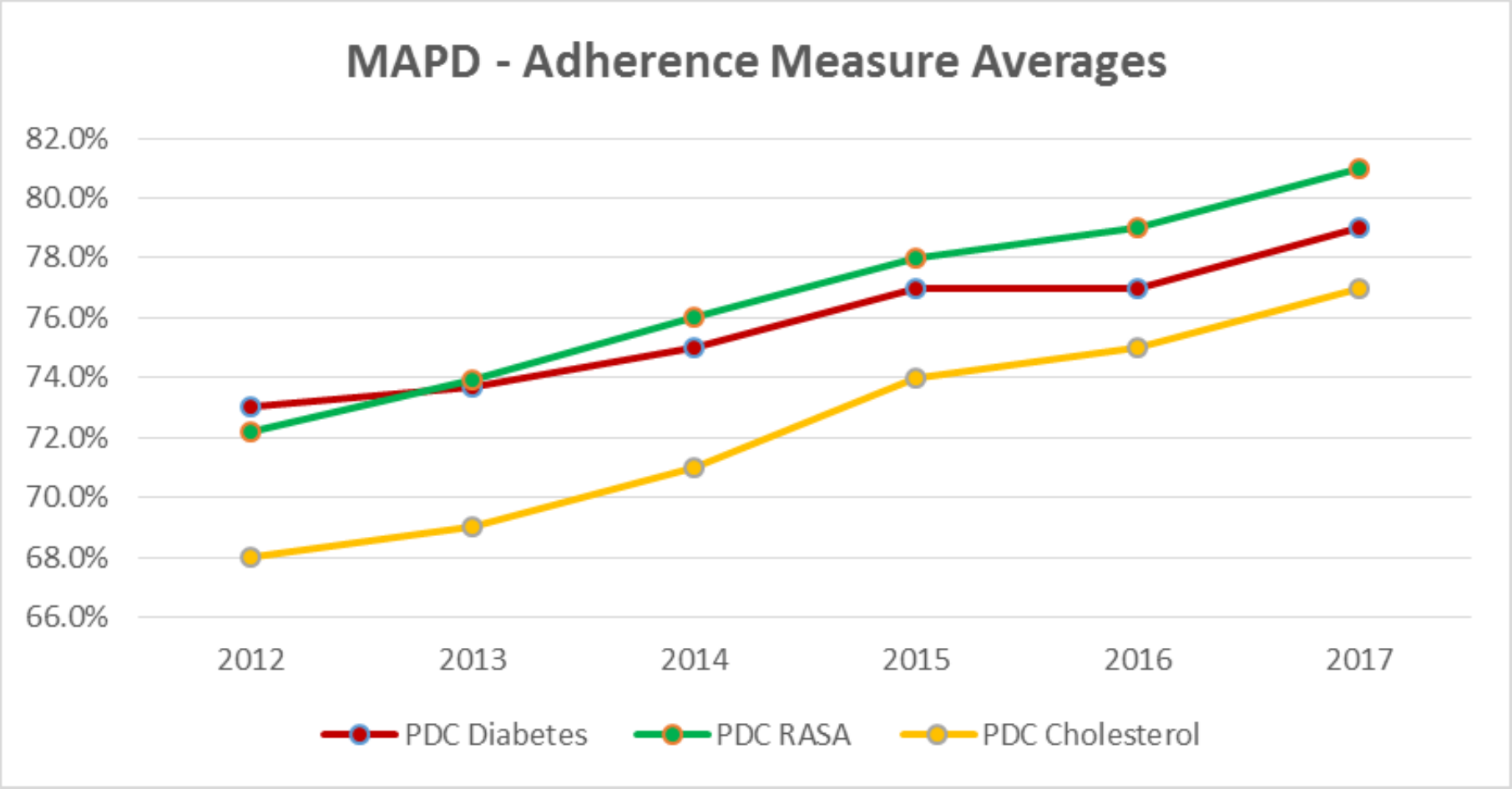
Source: Centers for Medicare & Medicaid Services. Analysis from Medicare Part C and D Star Rating Technical Notes 2016-2017.

2016/**2017 PDP** Star Thresholds

PDP	2016/**2017** 5 Star	Change	2016/**2017** 4 Star	Change
Cholesterol PDC (Statins)	83% / **84%**	+1 points	83% /**82%**	-1 point
Diabetes PDC (Non-insulin)	95% / **86%**	-9 points	83% / **82%**	-1 point
Hypertension PDC (RASA)	85% / **85%**	No change	82% / **83%**	+1 point
HRM-High Risk Medication Use in Elderly	<6% / **<3%**	No change	<10% / **<8%**	-2 points
CMR Completion Rate	36.7% / **51.6%**	+14.9 points	27.2% / **33.9%**	+6.7 points

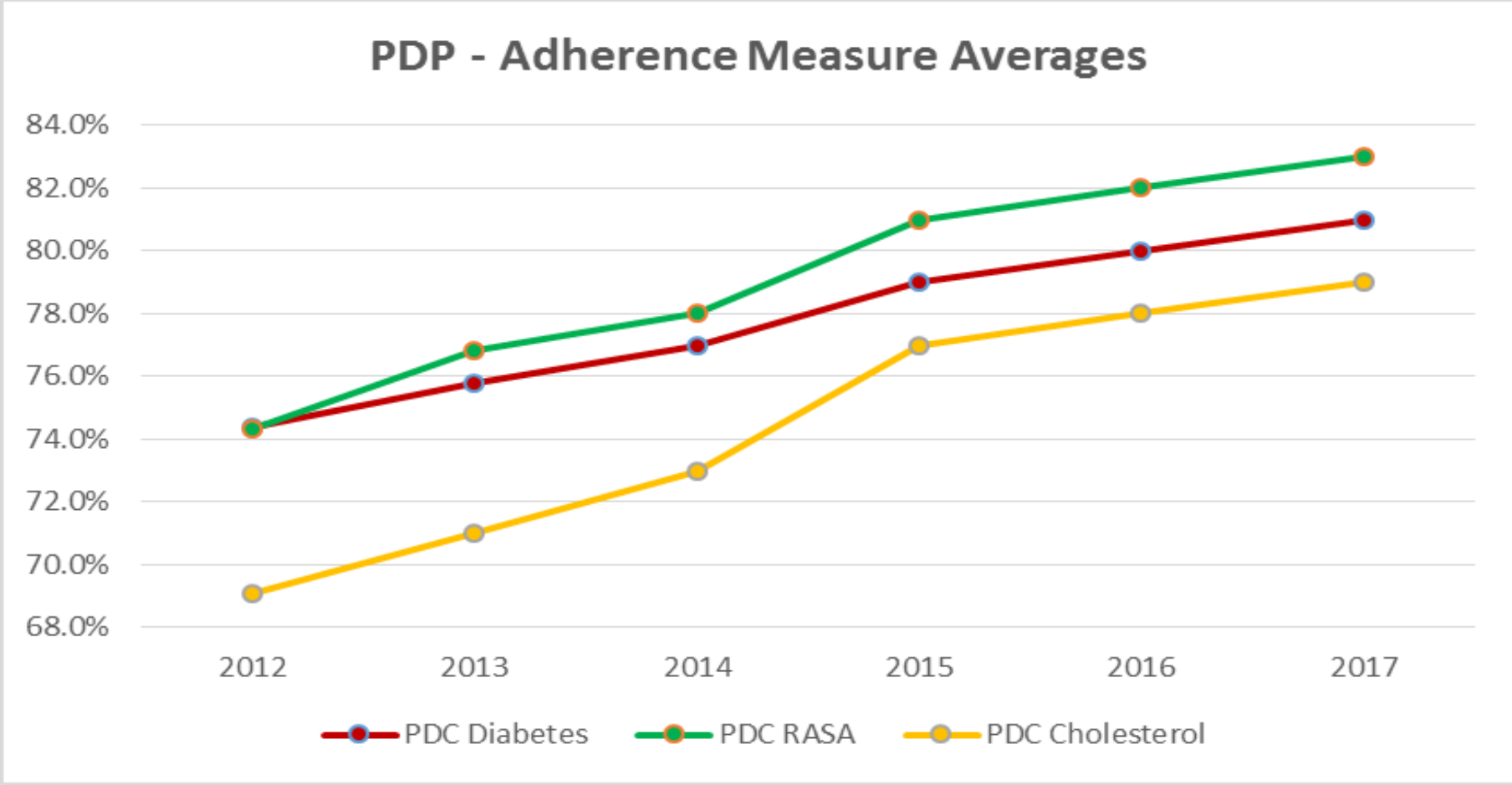
Source: Centers for Medicare & Medicaid Services. Analysis from Medicare Part C and D Star Rating Technical Notes 2016-2017.

MAPD Adherence Measure Averages



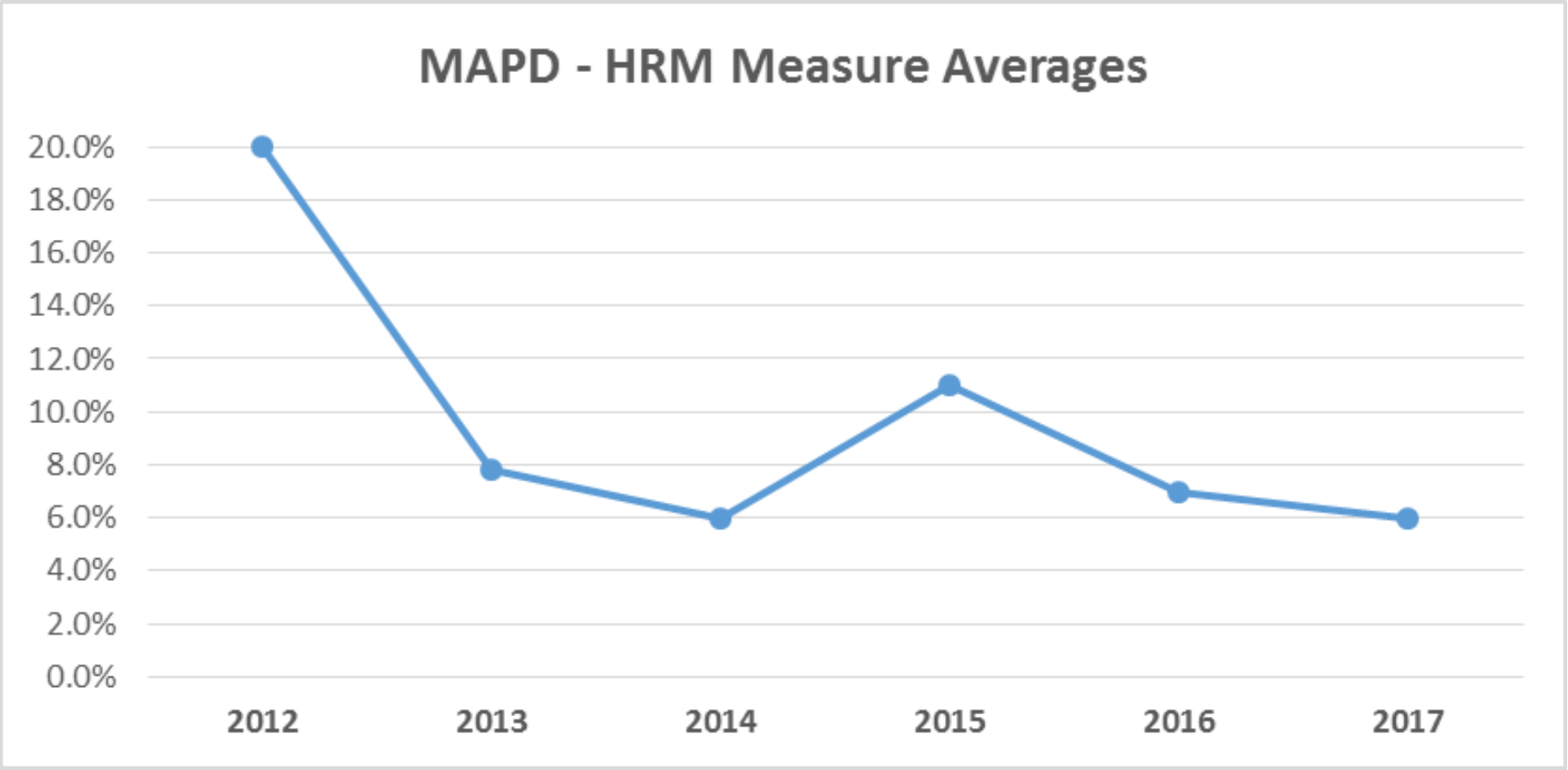
Centers for Medicare & Medicaid Services. Analysis from Medicare Part C and D Star Rating Technical Notes 2012-2017.

PDP Adherence Measure Averages



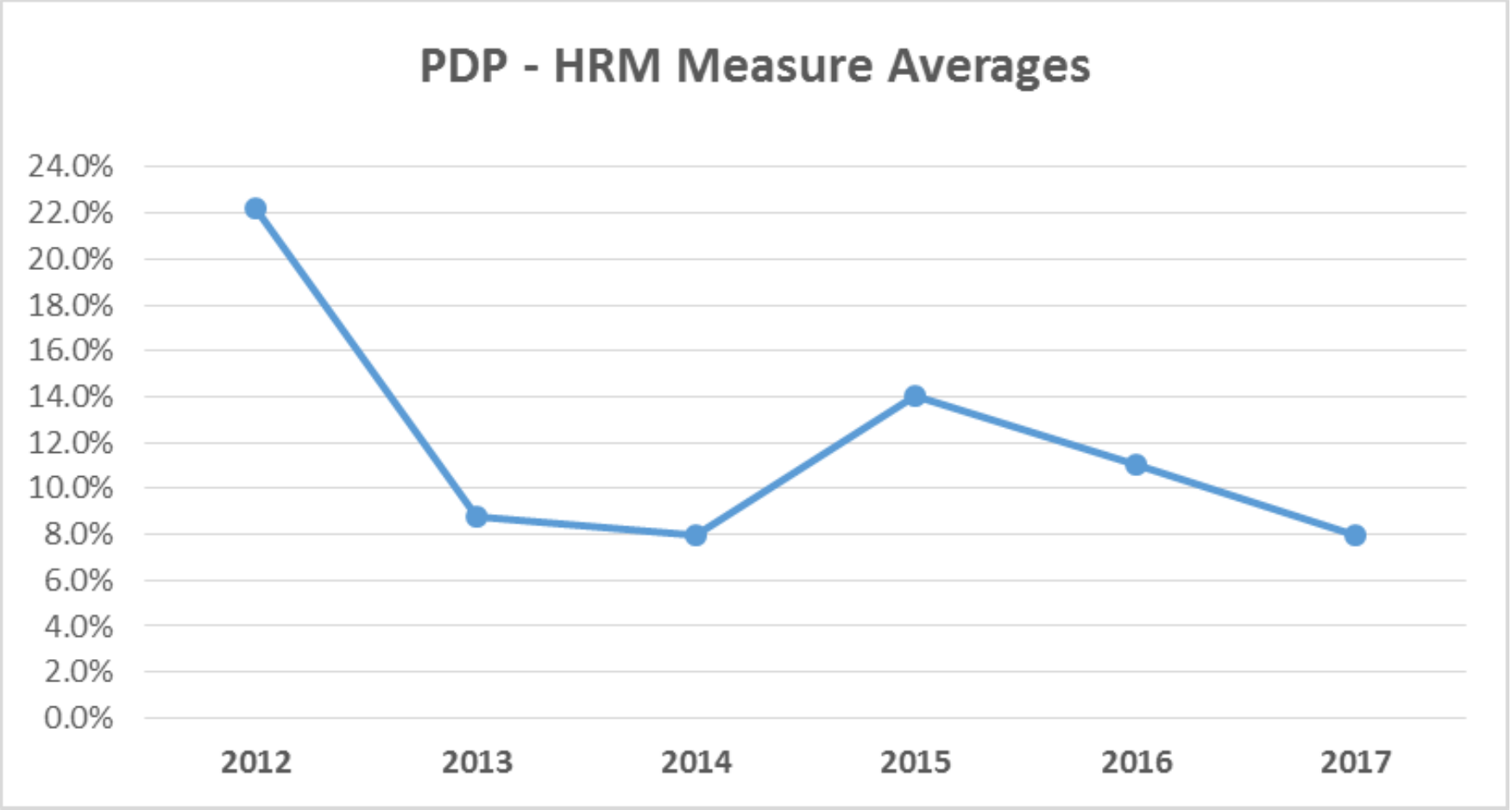
Centers for Medicare & Medicaid Services. Analysis from Medicare Part C and D Star Rating Technical Notes 2012-2017.

MAPD HRM Measure Averages



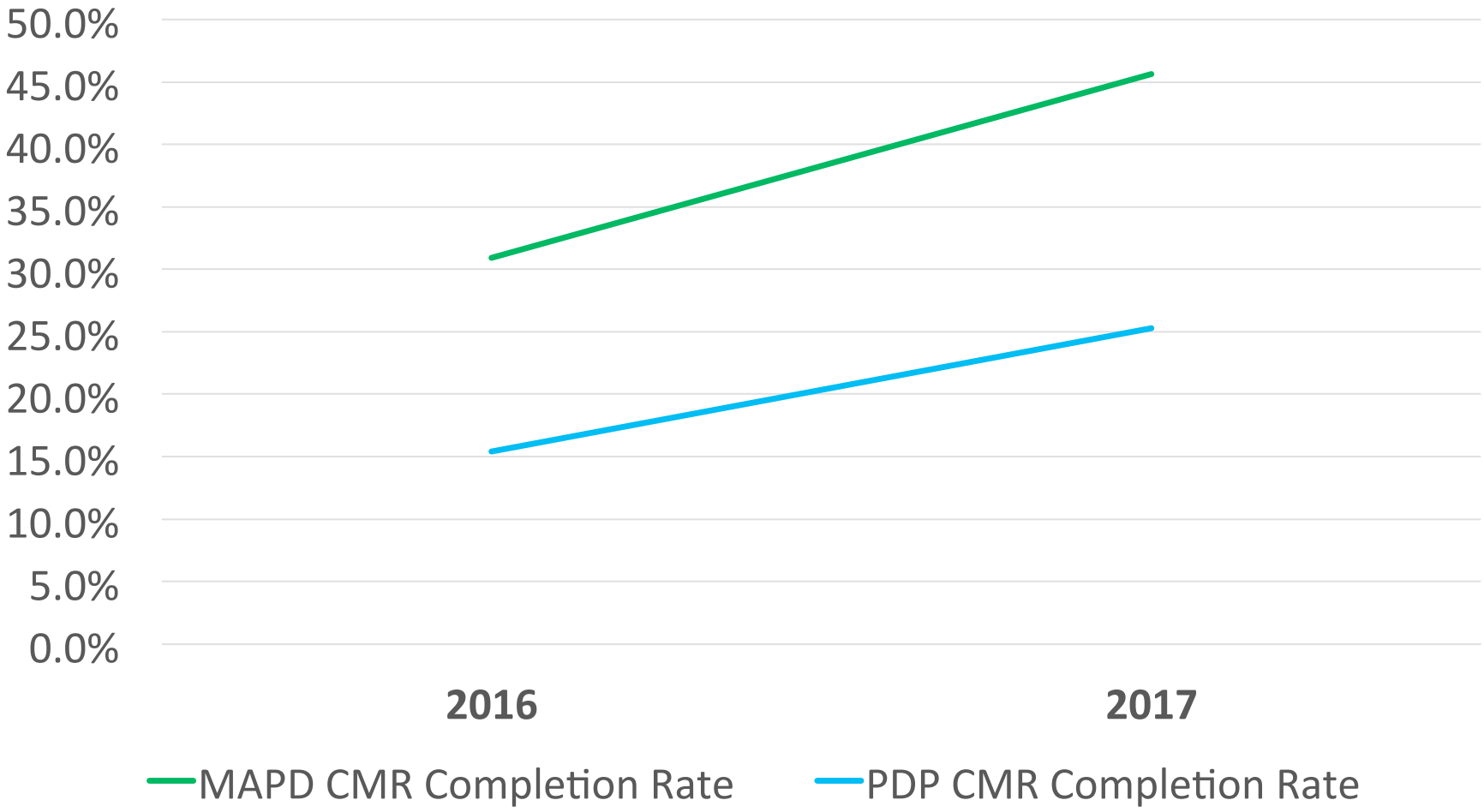
Centers for Medicare & Medicaid Services. Analysis from Medicare Part C and D Star Rating Technical Notes 2012-2017.

PDP HRM Measure Averages



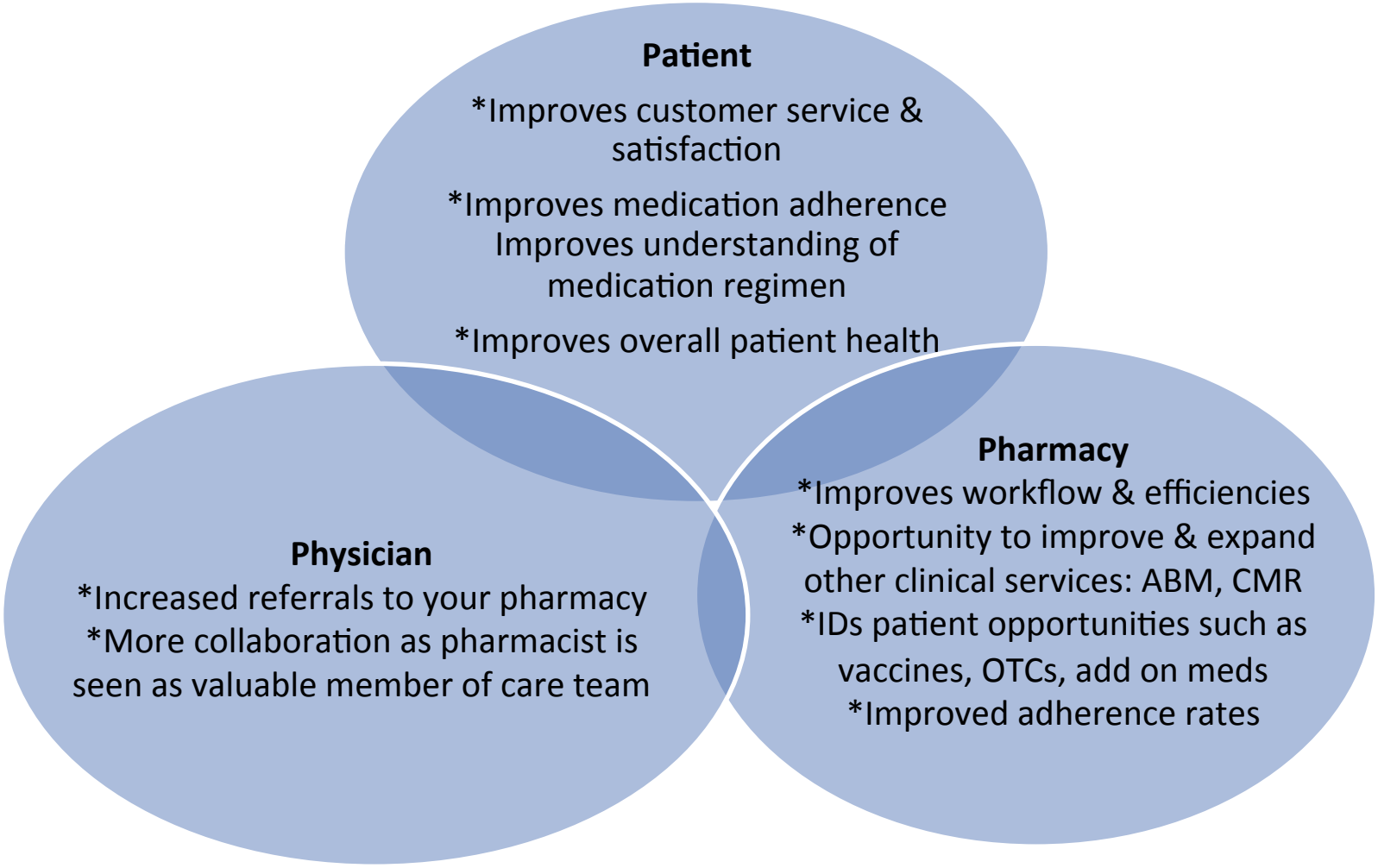
Centers for Medicare & Medicaid Services. Analysis from Medicare Part C and D Star Rating Technical Notes 2012-2017.

CMR Completion Rate Measure Averages



Benefits of Adherence Solutions

Med Sync, Refill Reminder, Dispense Packaging, Appointment Based Patient Interactions, …



EQuIPP Updates & Review of Features

Partnering for Quality: Focus on EQuIPP

EQuIPP Updates

2017 CMS Star Ratings Thresholds

- Goal set updated October 2016 to reflect 2017 CMS thresholds
- Be sure to challenge yourself by resetting the goal to Top 20% Rank goal at least once/ month as program goals differ

QIP Table Expansion

- As additional payers focus on Performance, more Program information is displayed in the Quality Improvement Program table
- Be sure to hover over the ? icon for details about that particular program
  - QIP displays a pharmacy's current performance for each health plan that has elected to share their plan-specific performance.
  - Includes program-specific goals for each measure and a percentile rank to help give perspective to the pharmacy's performance for each health plan or program

EQuIPP Updates

Outlier Enhancements & Expansion

- Jan 2017 Outliers became available for specific CVS/Caremark Programs: Silverscript, Wellcare, New England Joint Enterprise, Northern Plains Alliance, United American, BCBS of Arizona, Fallon & HealthNet

- Designation Enhancements: Be sure to hover over the (?) icon for more details
  - Various designations help identify actionable opportunities of key characteristics for patient outliers:

Low Income Subsidy

90 Day Opportunity

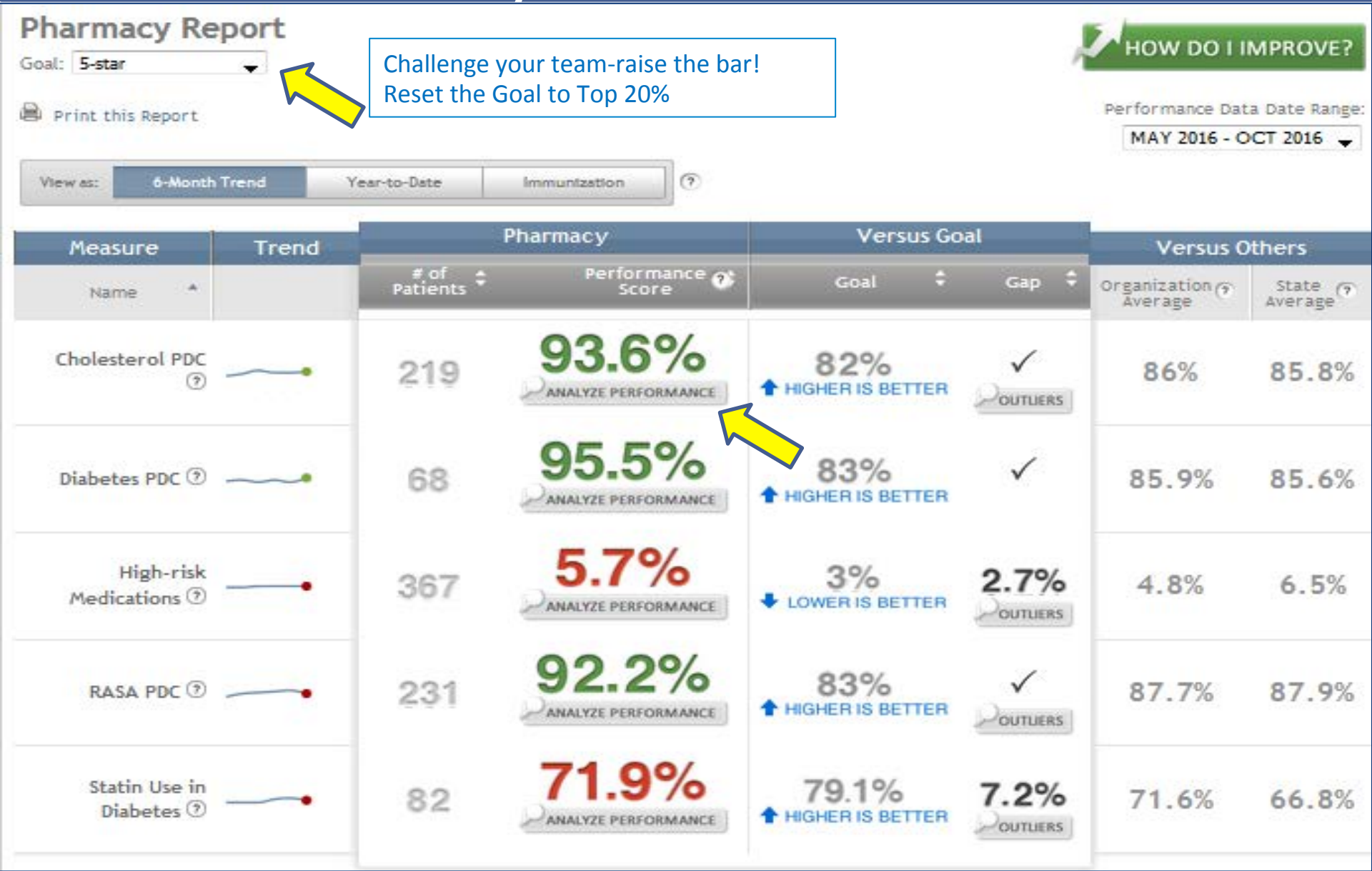
Individual PDC rates for each patient now display

Last Name	First Name	Date of Birth	Designations	Provided By	Type	PDC Rate	Status	Action
					Outlier	62.93%	Not Started	
					Outlier	28.7%	Not Started	
					Outlier	63.56%	Not Started	

- High Risk Medication Outliers: in order to see drug name & dose hover over mortar & pestle

Last Name	First Name	Date of Birth	Designations	Provided By	Type	Drug Name	Status	Action
					Outlier		Not Started	
					Outlier		Not Started	

Individual Store Level View: Analyze Performance



Individual Store Level: Analyze Performance View (Part 1)

Cholesterol PDC

Goal: 5-star

HIGHER IS BETTER

Print this Report

HOW DO I IMPROVE?

Performance Data Date Range:

AUG 2015 - JAN 2016

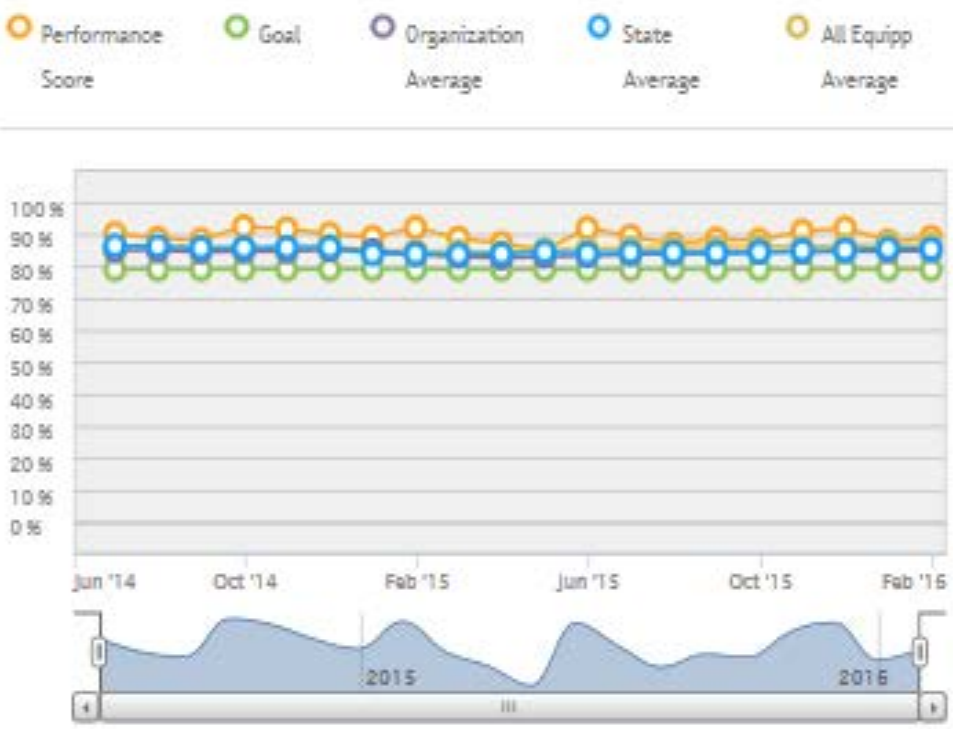
Pharmacy Versus Goal

# of Patients	Performance Score	Goal
174	89%	79%

Pharmacy Versus Others

Organization Average	84.8%
State Average	85.3%
All Equipp Average	86.6%

Run Chart



Individual Store Level: Analyze Performance View (Part 2)

Plan Patients (174)

Health Plan	Patients
Health Plan 1	94
Health Plan 2	64
Health Plan 3	10
Health Plan 4	6

Insurance Mix Report

Health Plan	# of Patients	Pharmacy	Versus Goal	Gap	Versus Others
		Performance Score			Organization Average
Medicare	166	89.1%	79%	✓	85%
Medicare PDP	116	87%	83%	✓	85.8%
Marketplace	8	87.5%	79%	✓	84.7%
Medicare Advantage	50	94%	79%	✓	83.1%

Quality Improvement Programs

Program Name	# of Patients	Pharmacy	Program Goal	Gap	Percentile Rank
		Performance Score			
Program A	90	90%	83%	✓	55th
Program B	8	87.5%	83%	✓	N/A
Program C	4	75%	83%	8%	N/A
Program D	1	100%	83%	✓	N/A
Program E	1	0%	91%	91%	N/A

View All

QIP Table Drill Down

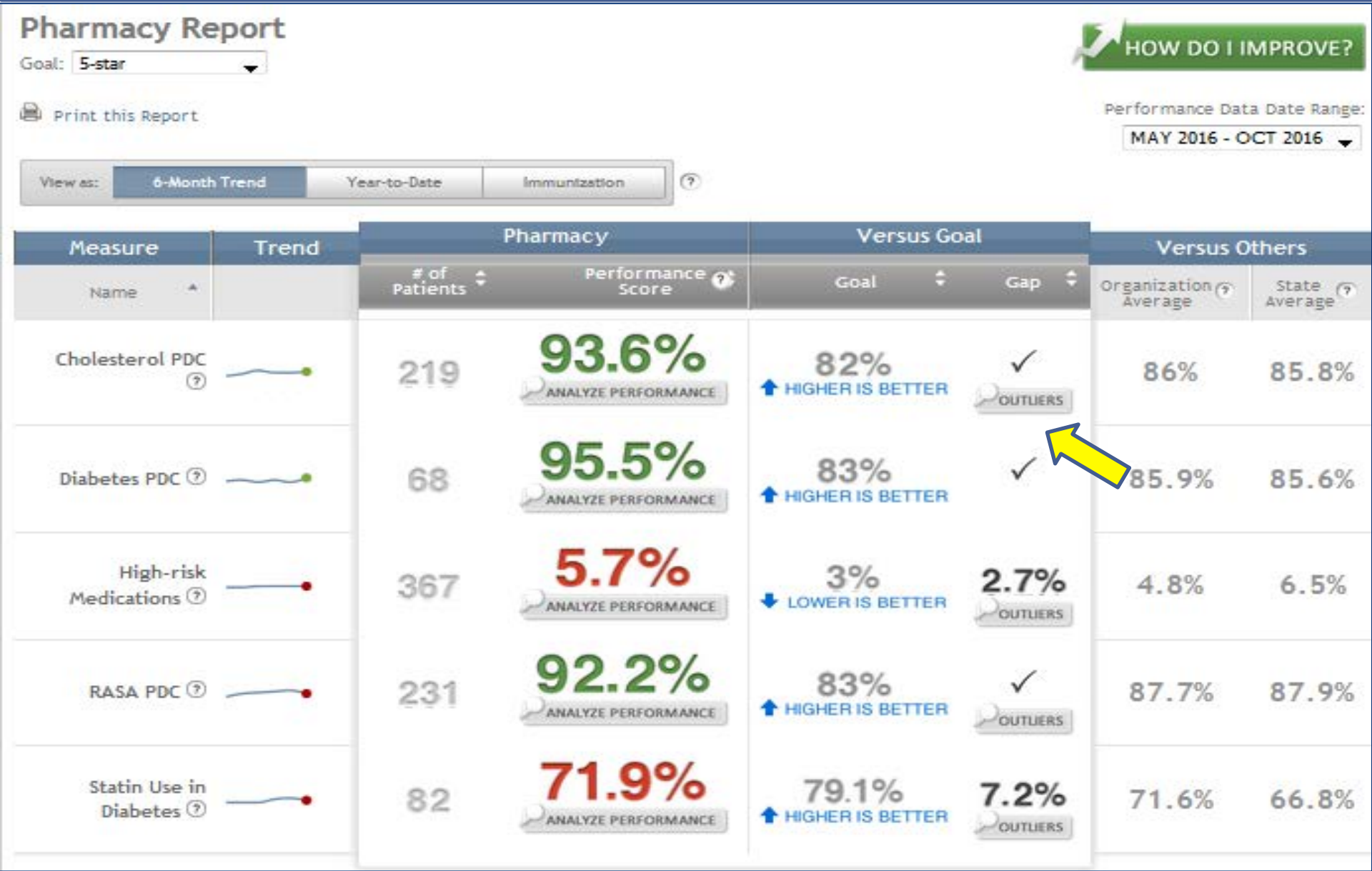
Quality Improvement Programs

Program Name	# of Patients	Pharmacy Performance Score	Program Goal	Gap	Percentile Rank
Program A	62	91.9%	85%	✓	61st
Program B	17	88.2%	85%	✓	29th
Program C	5	100%	81%	✓	N/A
Program D	1	0%	73%	73%	N/A

N/A –percentile rank not calculated as there are too few patients for this quality measure for program displayed

1. Program Name-name of Quality Improvement or P4P program at contract level
2. ? Hover over this icon for program detail including plan sponsor
3. # of Patients-total number of patients in the program for your pharmacy
4. Performance Score-your pharmacy's performance score for specified program
   - Green- maximum program performance attained
   - Gray-minimum program performance attained, room for improvement exists
   - Red- minimum program performance for program not met
5. Program Goal-goals specific to that program and the measure displayed
6. Gap-percentage point from goal / ✓ goal is met
7. Percentile Rank-gives an estimate of how your pharmacy compares to others in program/plan-must have a minimum of 10 patients to get a ranking

Individual Store Level View: Outliers



Outlier Types

- ***Outlier***
  - These are the standard outliers that represent members that are adversely impacting individual measure performance based upon calculations from the data provided to EQuIPP during the given measurement data period.
    - ***PDC Rate***-Individual/personal PDC rates are displayed for every patient outlier for each adherence measure. Individual PDC gives information that allows one to create various interventions tailored to the patients' level of adherence.

- ***Late Refill***
  - This is a new outlier type as of early 2017. The outlier type will display as "Late Refill" *not* "Outlier" as these patients may not yet be outliers. The data provider sharing this data is alerting the pharmacy that the patient was or is late to refill their medication. A Health plan may define a late refill anywhere from 11 to 17 days past due.

- ***First Fill***
  - These outliers apply *only* to the High Risk Medication (HRM) measure and represent members who have filled one qualifying high risk medication (medication name & dose is also listed). These outliers represent a potential opportunity to prevent a second fill of the medication. These outliers may be updated on a more frequent basis, as often as daily or weekly, depending on the data provider.

In most cases, PQS calculates outlier on a monthly basis. However, in some instances the data provider shares the outlier information directly. In such cases, they may be using a more recent time frame to identify patient outliers, therefore, some patient outliers may not reflect the performance data date range being displayed and may be updated as often as daily or weekly.

PDC Outlier Detail -available only at store level

Designations

Provides additional patient-level information to help identify actionable opportunities or key characteristics associated with Patient Outlier records. Look for these designations under the designation column on the outlier display

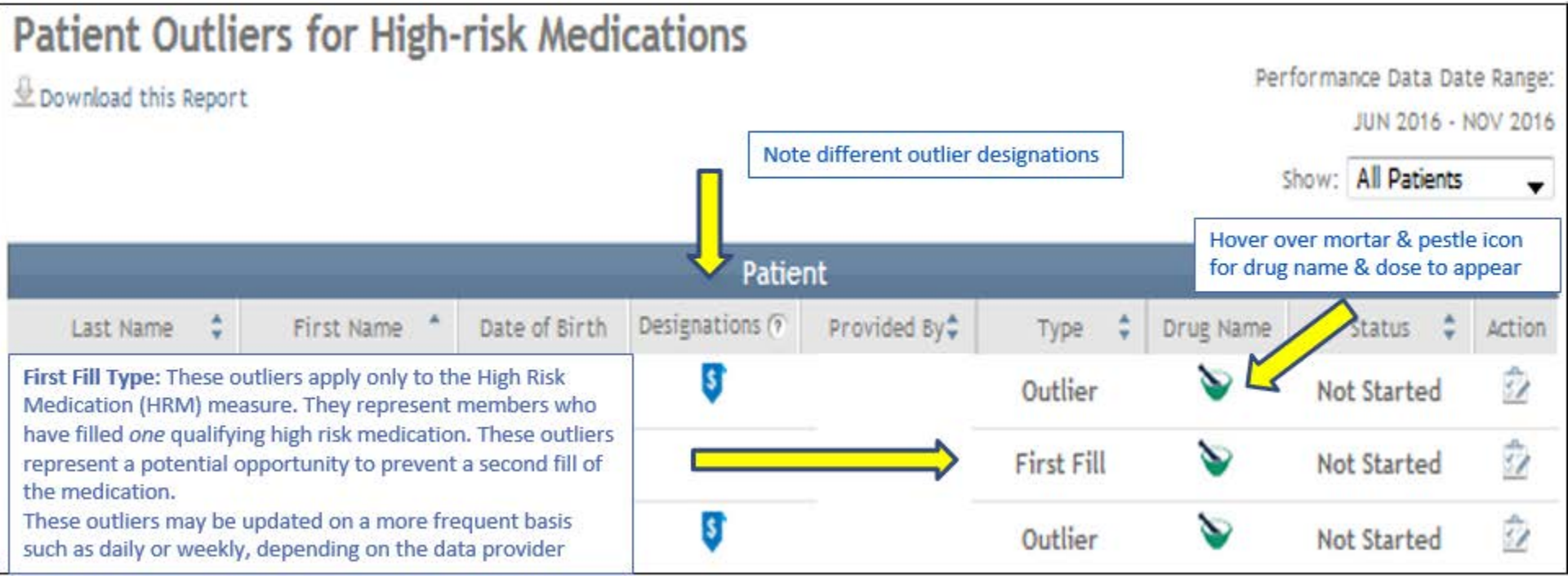
Low Income Subsidy Designation Provided so pharmacies can easily identify unique member populations within the health plan who are eligible for a Low Income Subsidy. The designation will help identify that the member may be eligible for additional services or reduced co-pays or require advanced clinical support

90 Day Outlier Designation Available for PDC measures only. Will highlight non-adherent patients where the most recent fill for a medication applicable to the PDC measure is less than a 60 day supply. Patient Outliers for the PDC measures with the 90 Day Opportunity designation can be sorted within the pharmacy Patient Outlier table allowing for pharmacy users to quickly bring all 90 Day Opportunities to the top of their case list

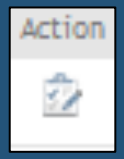
No Impact Designation whereby the patient cannot achieve a proportion of days covered of at least 80% with the days remaining within the calendar year. The "No Impact" outlier designation shall bear a clear indication to pharmacies to help understand which patients are negatively impacting performance scores. This represents patients who do not have the potential to become adherent within the current calendar year.

Actionable Impact Designation whereby the patient can achieve a proportion of days covered of at least 80% or greater with the days remaining within the calendar year. The "Actionable Impact" outlier designation shall bear a clear indication to pharmacies to help understand which patients are currently negatively impacting performance scores but have the potential to become adherent within the current calendar year

HRM Outlier Detail -available only at store level



“Action” Documentation



The Outliers feature contains a documentation page that pharmacies can use to track activities.

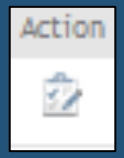
- *Note* - this does *not* impact performance scores but is a way for pharmacies to track these items over a period of time.
- This documentation is *not* tied to any form of payment or transaction and is intended to simply support good patient management practices in an outcomes-focused way.
- Meant to help multiple pharmacy team members working in the same location to coordinate and track basic patient management activities that take place for the listed Outliers

The EQuIPP user accessing the Outlier feature will have the opportunity to document the activity and outcomes associated with their management of the outlier patient. This feature is accessed by clicking on this icon in the activity column.

EQuIPP performance scores only change based on applicable prescription drug claims during the measurement period evaluated.

- Typically, when a pharmacy initiates patient care services to address adherence, a patient may remain on the outlier list for several months.
- While an action was taken as an initial step, pharmacies should review potential follow-up with these patients in the coming months.

"Action" Documentation



3 Categories of Actions:

1. Action: Includes the actions taken by a pharmacy staff to address the outlier (calling physicians, reviewing medication history, etc.)

Multiple actions can be selected

2. Primary Barrier: Includes the primary reasons that may be impacting the outcome of the intervention activities (Cost, unable to contact the patient or MD, etc.)

Only one primary barrier can be selected

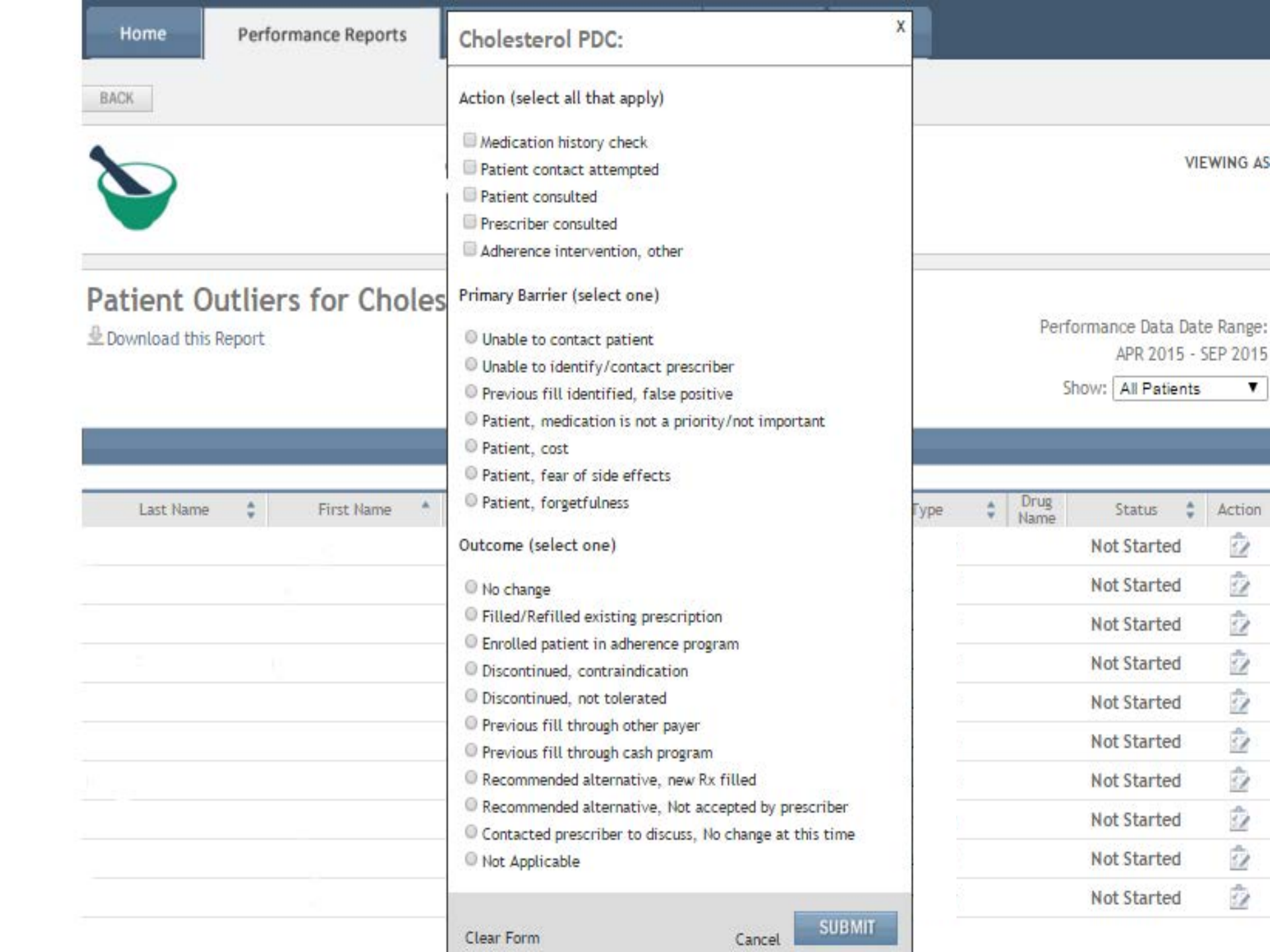
3. Outcome: Includes the result, as identified by the pharmacy staff, of the actions taken to address the patient's issue

Only one outcome can be selected

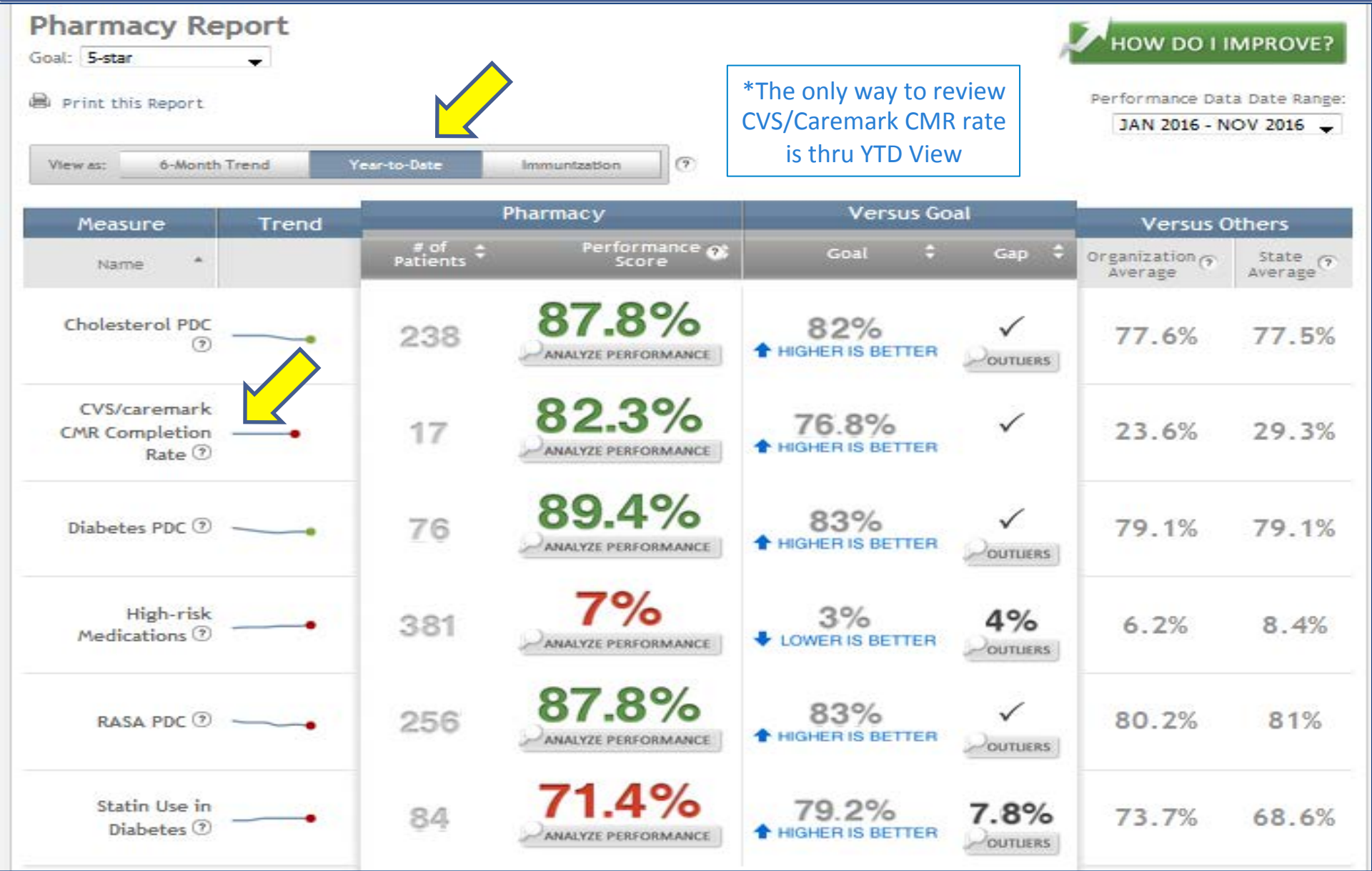
Status column

- The default Status for a new patient outlier is "Not Started"
- Once an Action is documented, the status will automatically change to "In Progress".
- Once an Outcome is documented, the status will automatically change to "Completed" and the date of the completed activity will display.

The response options for Action, Primary Barrier, and Outcome are customized for each measure and the documentation is designed to be completed in 20 seconds or less


Home
Performance Reports
BACK
VIEWING AS
Patient Outliers for Choles
Download this Report
Performance Data Date Range:
APR 2015 - SEP 2015
Show: All Patients
Last Name
First Name
Type
Drug Name
Status
Action
Not Started
Cholesterol PDC:
X
Action (select all that apply)
Medication history check
Patient contact attempted
Patient consulted
Prescriber consulted
Adherence intervention, other
Primary Barrier (select one)
Unable to contact patient
Unable to identify/contact prescriber
Previous fill identified, false positive
Patient, medication is not a priority/not important
Patient, cost
Patient, fear of side effects
Patient, forgetfulness
Outcome (select one)
No change
Filled/Refilled existing prescription
Enrolled patient in adherence program
Discontinued, contraindication
Discontinued, not tolerated
Previous fill through other payer
Previous fill through cash program
Recommended alternative, new Rx filled
Recommended alternative, Not accepted by prescriber
Contacted prescriber to discuss, No change at this time
Not Applicable
Clear Form
Cancel
SUBMIT

Individual Pharmacy YTD



Year to Date (YTD) Details and Differences

- View as YTD to review CVS/Caremark CMR completion rate
- Most performance scores are *further* from the stated goals when looking at YTD vs 6-Month rolling averages
- Patients can drop out of the 6-month rolling data and still be in the YTD data for calculations.
- Starting mid year 2017 a YTD view will be available that reflects 2017 performance
  - Track both 6 month trends and YTD standing
- Review program contracts to understand how a plan or PBM is looking at performance metrics
  - Time Frame
  - Specific goals for that program

Improvement Strategies and Resources

While we tend to think of quality improvement activities as targeted interventions, there are a wide variety of skills, tactics, and resources that are broadly applicable when seeking to engage patients and encourage therapeutic or behavioral changes.

Quality Improvement Concepts & Resources

The topics in this section will help you better understand the drivers of pharmacy-based quality improvement efforts, develop your patient engagement skills, and gain insight into the development of quality improvement strategies.

READ MORE

Medication Adherence

Medication adherence is an essential health behavior. It taps into patients' most closely held values and beliefs about their health and wellbeing. Pharmacists' knowledge and accessibility position them well for working with patients through such complex issues.

Further hone your patient engagement skills, access targeted patient education resources and more in this section.

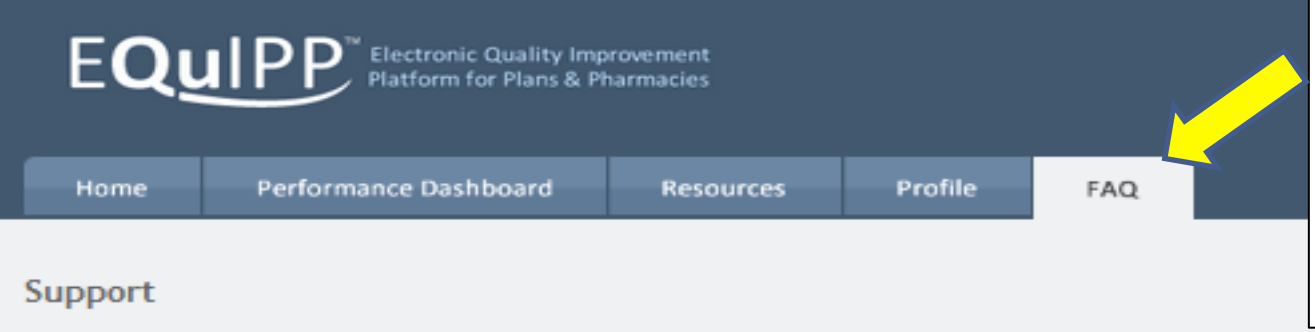
READ MORE

Patient Safety

Getting the right drug to the right person at the right time has long been the mantra of practicing pharmacists everywhere. Both safe dispensing and safe use are critical to the best outcomes for your patients.

This section links you to specific resources that support you in addressing the patient safety measures housed within the **EQuIPP** platform.

READ MORE



This area should be used as your first line of defense when a question regarding the information on your dashboard arises. The FAQ page is always being updated with new information, definitions, examples and updated tutorials to assure that users understand the information displayed on the performance report.

Support

For direct user support Click Here. Please complete the brief form and we will promptly address your issue. You may also send an e-mail to support@equipp.org.

For password resets, site performance issues, and other Technical Support, please click on the "Support" link in the upper right hand corner of the page.

Tutorials

EQuIPP 2015 - 4th Quarter New Features! This tutorial provides an overview of several updates that have occurred in your EQuIPP dashboard in late 2015. This includes: updates to the "Insurance Mix Table", addition of the "Quality Improvement Programs" table and the "Outliers" feature available in the dashboard.

EQuIPP Overview - June 2016

We have several videos listed below that focus on targeted portions of the EQuIPP dashboard. Each video contains about six minutes of content.

EQuIPP Outliers

EQuIPP Resources and Support - June 2016

Why you should use EQuIPP

Key Reasons to use EQuIPP

EQuIPP Monthly Update - December 2016

Performance Data Date Range

The latest dataset was made available in EQuIPP as of Thursday, December15th. This dataset now includes performance information based off of prescription drug claims through October 31, 2016.

Immunization reporting

You may notice that an additional Immunization tab has been added to the dashboard. PQS is working on new pilot initiatives regarding the management of immunization measures that are being tested with a limited group of pharmacies and plans at this time. We will be looking forward to hosting these new measures in 2017!

Rolling Six-Month Performance and Year-to-Date (YTD) Performance Information

The standard reporting available in EQuIPP evaluates performance based on prescription drug claims activity from May 1, 2016 to October 31, 2016. When logging into your performance dashboard this will be the default reporting that populates in your dashboard.
This December 2016 refresh does also provide 2016 Year-To-Date performance information. Please note that the YTD measurement period includes prescription drug claims data from Jan 1, 2016 to October 31, 2016, a ten - month evaluation of performance data. To better understand quality performance measure calculations and the impact of measurement periods, we have added two links in the FAQ tab below which will provide you descriptions and examples of calculations. Scroll down to the "How are the performance measures calculated?" section for more information.

Be “EQuIPP”ed
Tips to Remember

- Currently, Pharmacies do not get a STAR rating, it is the Health Plans that are rated by CMS. However, pharmacies may be evaluated by plans.
- EQuIPP is refreshed with new plan data mid-month, every month
- Any text written in blue is a link to more information
- Hover over ? for more detailed information
- “OUTLIERS” button will only display at the individual pharmacy level *if* the pharmacy has patients that fall under the health plans that have chosen to share this level of detail
- Refer to the FAQ tab for any question you may have, it is most likely answered here:

  Medication Adherence - Proportion of Days Covered  *Click here and the answer will display*

- Refer to the Improvement Strategies Tab on EQuIPP for quality improvement tools
  - HRM & SUD fax letter for physicians and patients
  - Patient Adherence Handouts

Know your numbers and where your pharmacy stands!!!

Summary

Quality metrics are driving action amongst health plans and PBMs

Pharmacies are being evaluated NOW on quality measures related to Part D stars.

- A growing number of prescription drug plans are implementing performance-based incentives for network pharmacies:
  - Pay-for-performance models that include bonus payments to top- performing pharmacies
  - Preferred networks that include star-performance as a criterion for inclusion as a preferred pharmacy

- Pharmacies need to track their quality to compete in a value-based contracting environment.
  - Now is the time to start assessing whether your pharmacy is meeting quality goals and how you rank compared to peers

- EQuIPP continues to expand the number of plans and pharmacies who use this platform as a "neutral intermediary" for calculation of pharmacy quality scores.

Where is this going?

- As the pressure builds on Medicare plans to improve Star Ratings, they are looking to many different options for improving medication adherence and safety.
  - They are looking to Community Pharmacy for engagement
  - Health plans are using different techniques to engage with their pharmacy networks
  - New programs are evolving
    - QBN – Quality Based Networks
    - P4P – Pay for Performance programs
    - Value Based Contracting

Stay Tuned!!!

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Thank You

- Please complete our survey: https://www.surveymonkey.com/r/equipp315
- Goodneighborpharmacyevents.com
- ThoughtSpot 2017
  - July 19-22
  - Mandalay Bay, Las Vegas
  - Thoughtspot2017.com

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