

MTM and other Star Ratings Measures: How is your Pharmacy doing?



TODAY'S SPEAKER



Ugo Nwachukwu, PharmD

Director, Clinical Quality Oversight at Mirixa Corporation

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OBJECTIVES

- Define Comprehensive Medication Review (CMR)
- Review MTM qualification criteria
- Review general 2016 performance and year to date data
- Discuss how MirixaPro supports documentation
- Review the impact of Performance Measures for health plans
- Review the impact of Performance Measures for pharmacies
- Review Elevate opportunity data

DEFINITIONS OF MTM-CMR

- A CMR is a systematic process of collecting patient specific information, **assessing medication therapies to identify medication related problems**, developing a **prioritized** list of **medication related problems**, and **creating a plan to resolve them** with the patient, caregiver and/or prescriber.
- A CMR is an interactive person-to-person or telehealth medication review and consultation conducted in real-time between the patient and/or other authorized individual, such as prescriber or caregiver, and the pharmacist or other qualified provider and **is designed to improve patients' knowledge of** their prescriptions, over-the-counter (OTC) **medications**, herbal therapies and dietary supplements, **identify and address problems or concerns that patients may have, and empower patients to self manage** their medications and their health conditions*

*National MTM Advisory Board

MTM Eligibility Criteria for Medicare Part D Beneficiaries

- **Beneficiaries must meet a conditions threshold**
 - Plans cannot require more than 3 chronic diseases as the minimum number
- **Beneficiaries must meet a number of medications threshold**
 - Plans cannot require more than 8 Part D drugs as the minimum number
- **Beneficiaries must meet a cost threshold**
 - In 2017, the annual cost threshold for covered Part D drugs is \$3,919.00
- **CMS encourages health plans to expand the eligibility criteria as they deem necessary to meet the needs of their members**

Trends in MTM Eligibility Criteria for Medicare Part D Beneficiaries

MTM programs used expanded eligibility requirements beyond CMS' minimum requirements

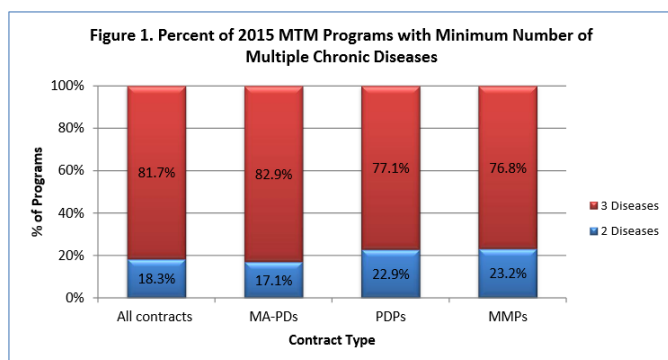
	2015		2016	
Eligibility Criteria	# of Programs	% of Programs	# of Programs	% of Programs
Only target enrollees who meet the specified targeting criteria per CMS requirements	516	76.2%	468	75.1%
Use Expanded Criteria: Target both enrollees who meet the specified targeting criteria per CMS requirements and enrollees who meet other plan-specific targeting criteria	161	23.8%	155	24.9%
Total	677	100.0%	623	100.0%

*Source: CY2015 and 2016 MTM Fact sheet

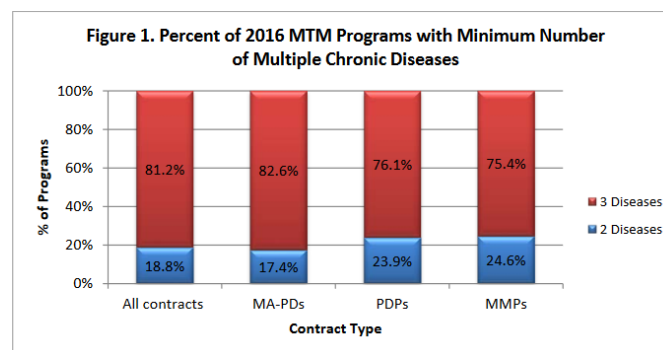
Trends in MTM Eligibility Criteria for Medicare Part D Beneficiaries

Part D programs targeted beneficiaries with at least three chronic diseases.

2015



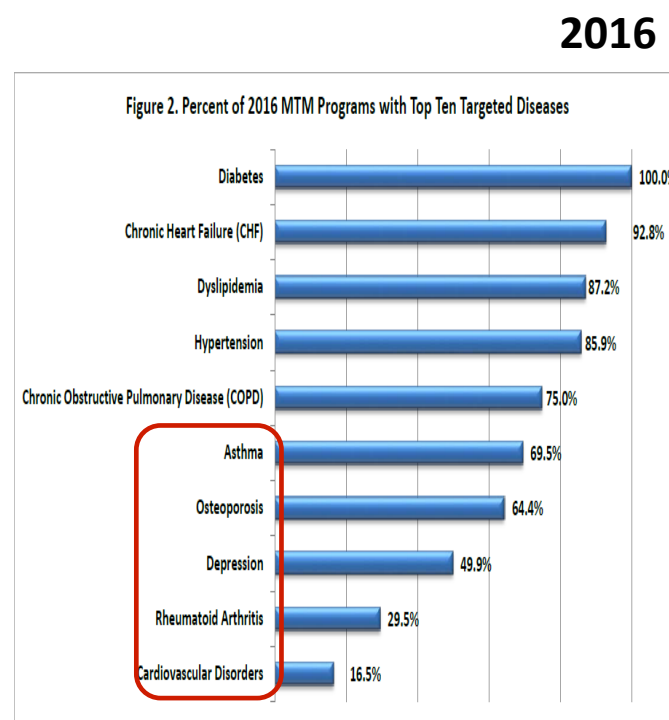
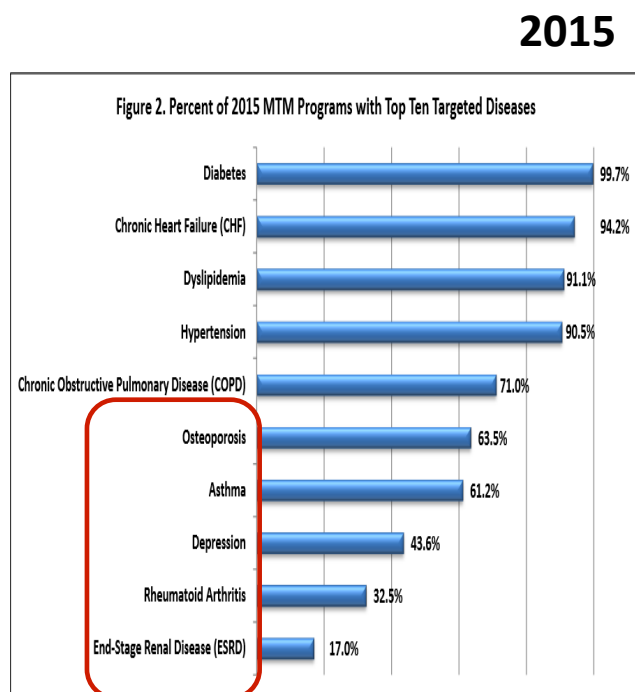
2016



*Source: CY2015 and 2016 MTM Fact sheet

MTM Eligibility Criteria for Medicare Part D Beneficiaries

- Top 5 diseases targeted by MTM programs remain the same, slight changes in the bottom 5



*Source: CY2015 and CY2016 MTM Fact sheet

Trends in MTM Eligibility Criteria for Medicare Part D Beneficiaries

More than half of programs target beneficiaries who have filled at least eight covered Part D drugs.

2015

Table 2. Percent of 2015 MTM Programs by Minimum Number of Covered Part D Drugs

Minimum Number of Covered Part D Drugs	% of all MTM Programs	% of MA-PD MTM Programs	% of PDP MTM Programs	% of MMP MTM Programs
2	1.6%	1.5%	1.4%	2.9%
3	0.7%	0.7%	1.4%	0.0%
4	2.1%	1.9%	2.9%	2.9%
5	6.1%	5.9%	4.3%	8.7%
6	16.5%	15.4%	15.7%	26.1%
7	17.0%	15.6%	31.4%	13.0%
8	56.0%	58.9%	42.9%	46.4%

2016

Table 2. Percent of 2016 MTM Programs by Minimum Number of Covered Part D Drugs

Minimum Number of Covered Part D Drugs	% of all MTM Programs	% of MA-PD MTM Programs	% of PDP MTM Programs	% of MMP MTM Programs
2	1.4%	1.4%	0.0%	3.3%
3	0.8%	0.8%	1.5%	0.0%
4	3.0%	2.2%	7.5%	4.9%
5	5.8%	6.1%	1.5%	8.2%
6	13.3%	11.9%	16.4%	21.3%
7	18.3%	17.6%	22.4%	19.7%
8	57.3%	60.0%	50.7%	42.6%

*Source: CY2015 and 2016 MTM Fact sheet

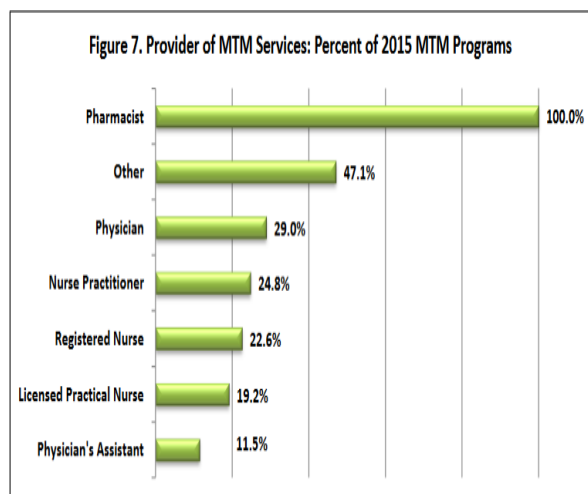
WHY ARE MTM PROGRAMS IMPORTANT?

- Consistent with pharmacists training
- Ensures medications are used to optimize therapeutic outcomes through improved medication use
- Reduces the risk of adverse events
- Improves adherence to medications
- Coordinates care with other providers involved with delivering care to patients
- **CMR Completion rate is now part of a health plan's Star Ratings**

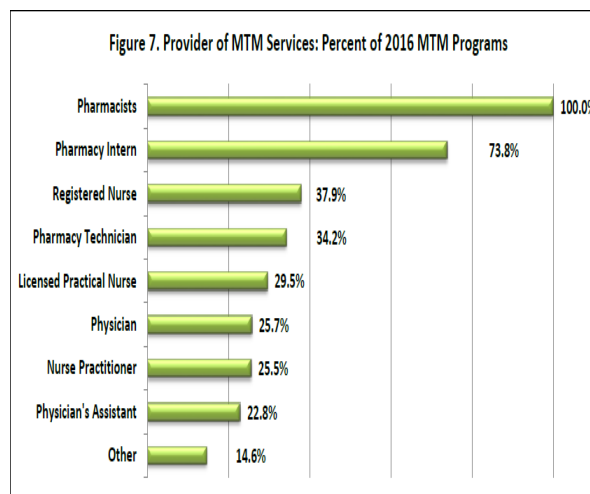
WHO CAN PROVIDE MTM?

- MTM services may be provided by pharmacists or other qualified providers
- Use of non-pharmacists continue to increase year over year

2015



2016



Source: CY2015 and 2016 MTM Fact sheet

SUPPORTING MTM IN MIRIXAPROSM

In MirixaPro, pharmacists can

- Document patients' allergies, conditions and update medications
- Resolve issues in a patient's medication regimen identified via MirixaPro Clinical Support Alerts
 - Safety-Red Flag,
 - Cost- Green Flag,
 - Gaps in Care -Blue Flag
- Document condition specific information
- Prepare Physician Summary Letter for sending recommendations to prescribers
- Use our expanded "Clinical Quick Pick" library to facilitate documentation
- Prepare Medication Action Plan and Personal Medication List (MAP/ PML)

Section I: The Cover Letter

- Purpose of the cover letter (CL)
 - Remind the beneficiary of what occurred during the CMR
 - Introduce the MAP and PML
 - Describe how the beneficiary can contact the MTM program.

COMPLETED CMR VIEW | COVER LETTER

1. YOUR PHARMACY'S INFORMATION WILL AUTOMATICALLY POPUP ATF HREF.

1 Giraffe's Pharmacy
561 Poplar Drive
Small Town, CA 12345
Phone: (555) 555-2221

2. PATIENT'S INFORMATION WILL AUTOMATICALLY POPUP ATF HREF.

2 Mary Jackson
123 Main Street
Beverly Hills, CA 90210

3 Dear Mary Jackson,

Thank you for talking with me on 10/10/2016 about your health and medications. Medicare's MTM (Medication Therapy Management) Program helps you to understand your medications and use them safely.

This letter includes an action plan (Medication Action Plan) and medication list (Personal Medication List). The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other health care providers in your care team.
- Ask your doctors, pharmacists, and other healthcare providers to update the action plan and medication list at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.

If you want to talk about this letter or any of the papers with it, please call Giraffe's Pharmacy at (555) 555-2221. We look forward to working with you, your doctors, and other healthcare providers to help you stay healthy through the Rainwater Advantage MTM Program.

4 Sincerely,
Giraffe's Pharmacy

3. DATE IS BASED ON DOCUMENTED DATE THAT CMR WAS COMPLETED, WHICH CAN BE FOUND ON THE AUTHORIZATION TAB OF YOUR MIRIXAPRO CASE.

4. THE FULL NAME OF USER WHO CLOSSES THE COMPREHENSIVE MEDICATION REVIEW (CMR) WILL APPEAR HERE AUTOMATICALLY.

AS SUCH, ONLY THE QUALIFIED PROVIDER, (EG, PHARMACIST), WHO COMPLETED THE CMR SHOULD CLOSE A CASE.

Form CMS-10586 (01/16) Page 1 of 1 Form Approved OMB No. 0930-1154

Section II. The Medication Action Plan (MAP)

- The Medication Action Plan (MAP) describes
 - Specific action items resulting from the interactive CMR consultation,
 - Beneficiary's responsibilities, and
 - healthcare provider activities that may affect the beneficiary's tasks.
- A plan to assist the beneficiary with resolving issues of current drug therapy and to help achieve the goals of medication treatment
- May also include acknowledgement and reinforcement of favorable behaviors
- Focuses on the most important activities for the beneficiary
- Not intended for communication with other healthcare providers

Section II. The Medication Action Plan (MAP)

- Not all CMRs services delivered will result in specific issues identified
- Pharmacists will be able to document in the MAP such recommendations for the patient
 - Reinforced compliance
 - Acknowledgement of beneficiary success with medication therapy
 - Maintenance of current effort towards medication and health management
 - Drug therapy recommendations

SAMPLE MAP

6. USER-ENTERED TOPIC. LIST IN ORDER OF IMPORTANCE- MOST IMPORTANT SUBJECT FIRST. IN THIS EXAMPLE, WE START WITH SIDE EFFECT, NEW MEDICATION EDUCATION, AND END WITH DISEASE GOALS.

7. USER-ENTERED LIST THAT INCLUDES ACTIONS OR STEPS THE PATIENT NEEDS TO TAKE TO ADDRESS THE TOPIC.

Giraffe's Pharmacy
561 Poplar Drive
Small Town, CA 12345
Phone: (555) 555-2221

Rainwater Advantage Health

MEDICATION ACTION PLAN FOR Mary Jackson, DOB: 1/4/1949

This action plan will help you get the best results from your medications if you:

1. Read "What we talked about."
2. Take the steps listed in the "What I need to do" boxes.
3. Fill in "What I did and when I did it."
4. Fill in "My Follow-up plan" and "Questions I want to ask."

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers in your care team. Share this with you family or caregivers too.

DATE PREPARED: 10/10/2016

What we talked about: Side effect - You reported having nosebleeds in the morning	What I need to do: Talk to your doctor about nosebleeds, and consider using nasal saline spray to keep nasal passages moist. Since you are taking clopidogrel, do not use non-steroidal anti-inflammatory drugs (NSAIDs) without speaking with your doctor first, since NSAIDs may enhance the effects of blood thinners. Examples include ibuprofen (Motrin, Advil) and naproxen (Aleve).	What I did and when I did it:
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Form CMR-1000 (07/14) Page 1 of 3 Form Approved CMR No. 0000-1104

5. DATE BASED ON DATE CMR DOCUMENTATION IS COMPLETED IN MIRIXAPRO.

8. THIS SECTION INTENTIONALLY LEFT BLANK FOR PATIENT USE (TO TRACK SUGGESTED ACTIONS WHEN COMPLETED). DOES NOT CORRESPOND TO FIELDS WITHIN MIRIXAPRO.

6. USER-ENTERED TOPIC.

7. USER-ENTERED ACTIONS SUGGESTED TO THE CMR RECIPIENT.

8. THIS SECTION INTENTIONALLY LEFT BLANK FOR PATIENT USE (TO TRACK SUGGESTED ACTIONS WHEN COMPLETED). DOES NOT CORRESPOND TO FIELDS WITHIN MIRIXAPRO.

What we talked about:
Depression Recent Treatment Change

What I need to do: Continue to take your medicine as prescribed, even if you feel better. Although some people may feel less depressed within two weeks, most people won't start experiencing the full effects until up to eight weeks after starting. Do not stop taking the medicine without talking to your doctor.	What I did and when I did it:
--	---

What we talked about:
Diabetes - Blood Sugar Goals

What I need to do: Track your blood sugar (including episodes of low blood sugar), and share the results with your doctor. Know your goals. For most adults, a goal of 80-130 mg/dL is recommended BEFORE a meal and readings under 180 mg/dL are recommended within one to two hours AFTER the start of a meal.	What I did and when I did it:
--	---

What we talked about:
Diabetes Checklist

What I need to do: Complete the following, at least one time a year: an eye exam, a foot exam, a cholesterol test (LDL-C), and a kidney function test (to check your urine for albumin, a kind of protein). Check your feet daily for cuts or scrapes. Keep them clean and protected to prevent infection. Know your ABC's (A1C, blood pressure, and cholesterol), and talk to your goal for each.	What I did and when I did it:
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My follow-up plan (add notes about next steps):

Questions I want to ask (include topics about medications or therapy):

If you have any questions about your action plan, call Giraffe's Pharmacy at (555) 555-2221

Form CMR-1000 (07/14) Page 2 of 3 Form Approved CMR No. 0000-1104

9 AND 10. THESE SECTIONS INTENTIONALLY LEFT BLANK FOR PATIENT USE. DOES NOT CORRESPOND TO FIELDS WITHIN MIRIXAPRO.

CMR COMPLETION RATE-A STAR RATING MEASURE

- Medicare Part D beneficiaries 18 years or older who met a contracts' (health plan's) specified targeting criteria per CMS guideline and received a CMR during the reporting period
- 2017 Star Ratings will be based on Part D Plan Reporting, Medicare Enrollment Database from 1/1/2015 to 12/31/2015

Cut points for Star Assignment in 2017



Type	1 Star	2 Star	3 Star	4 Star	5 Star
MA-PD	< 33.2%	≥33.2% to <47.8%	≥47.8% to <58.1%	≥58.1% to <76.8%	≥76.8%
PDP	< 12.6%	≥12.6% to <20.3%	≥20.3% to <33.9%	≥33.9% to <51.6%	≥51.6%

- National average CMR Completion rate for MAPD is 45.6 % vs 30.9% in 2016 (2.4 Stars)
- National average CMR Completion rate for PDP is 25.3 % vs 15.4% in 2016 (2.8 stars)

Source: Medicare 2017 Part C & D Star Ratings Technical Notes

CMR MATTERS AND QUALITY MATTERS TOO

- Document the actions you took to address the drug therapy problems presented in MirixaPro
- Document additional drug therapy problems based on your own clinical expertise
- Document and provide actionable recommendations to prescribers
- Counsel your patients and document what information you provided to them

“Not So Good” Sample MAP

Here are two examples of poorly documented MAPs completed by pharmacists during different MTM sessions

What we talked about:	What patient needs to do:
discussed all mentioned baove	we mentioned what was mentioned above
What we talked about:	What patient needs to do:
side effects, problems with regimen	nothing

“Good” Sample MAP

Here are 3 examples of a well documented MAPs completed by pharmacists during different MTM sessions

What we talked about:	What patient needs to do:
A1C Goal	You said that your Hemoglobin A1C was down to 6% after you had been removed from insulin therapy. That is great! Keep eating a healthy diet and regulating your blood sugar.
Medication Adherence	You are doing very well at keeping up with and taking your medicine regularly. Continue to do so and contact us here at the pharmacy if you run into any problems.
Wants to "get off" Zolpidem	Speak to MD about decreasing and eventually titrating down Zolpidem. Consider melatonin to help sleep.

Personal Medication List (PML)

Intended to help patients...

- Understand their medications and their treatment plans
- Stay engaged with drug therapy and management of their conditions
- Improve communication care providers
- Assists with managing and tracking medications
 - Add new medications and their start dates
 - Track discontinued medications
 - Indicate the stop dates and reasons for stopping medications

Medication List (PML)

- Reconciled list of all active medications at the time the CMR service was delivered
 - All prescription medications
 - Over-the-Counter medications and
 - Herbal supplements
- Medications should have the correct purpose and directions for how each medication is used
- Patient is advised to share with care providers

Medication List (PML)

Compare these two PML documents from real cases

Medication: MetFORMIN HCl Oral Tablet 500 MG	
How I use it: qd ←	
Why I use it: Diabetes	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication: Omeprazole Oral Capsule Delayed Release 20 MG	
How I use it: qd ←	
Why I use it: Acid Reflux	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication: Solifenacin Succinate (VESIcare) Oral Tablet 5 MG	
How I use it: qd ←	
Why I use it: UNKNOWN ←	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication: Lisinopril Oral Tablet 40 MG	
How I use it: Take 1 tablet by mouth every day. ←	
Why I use it: High Blood Pressure	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication: Omeprazole Oral Capsule Delayed Release 20 MG	
How I use it: Take 1 capsule by mouth every day. ←	
Why I use it: Acid Reflux	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

Medication: Pravastatin Sodium Oral Tablet 80 MG	
How I use it: Take 1 tablet by mouth every day at bedtime. ←	
Why I use it: High Cholesterol	Prescriber:
Date I started using it:	Date I stopped using it:
Why I stopped using it:	

OTHER CMS STAR RATINGS MEASURES

- Medicare Advantage-MA (Part C) only plans-5 domains
 - Thirty two (32) measures
- Prescription Drug Plans-PDPs (Part D) are measured on 4 domains
 - Up to 15 measures
- Medicare Advantage with Prescription Drug-MA-PD (Part C+D) benefit contracts are measured on all 9 domains
 - Up to 44 unique measures

MEDICARE PART C QUALITY MEASURES

Staying Healthy: Screenings, Tests and Vaccines	Managing Chronic (Long Term) Conditions	Member Experience with Health Plan	Member complaints and Changes in the Health Plan's Performance	Health Plan's Customer Service
•Breast Cancer Screening •Colorectal Cancer Screening •Annual Flu Vaccine •Improving or Maintaining Physical Health •Improving or Maintaining Mental Health •Monitoring Physical Activity •Adult BMI Assessment	•SNP Care Management •<u>Care for Older Adults:</u> •Medication Review •Functional Status Assessment •Pain Screening •Osteoporosis Management in Women who had a Fracture •<u>Diabetes Care:</u> •Eye Exam •Kidney Disease Monitoring •Blood Sugar Controlled •Controlling Blood Pressure •Rheumatoid Arthritis Management •Reducing the Risk of Falling •Plan All-Cause Readmissions	•Getting Needed Care. •Getting Appointments and Care Quickly. •Customer Service. •Rating of Health Care Quality •Rating of Health Plan. •Care Coordination	•Complaints about the Health Plan •Members Choosing to Leave the Plan •Beneficiary Access and Performance Problems. •Health Plan Quality Improvement	•Plan Makes Timely Decisions about Appeals. •Reviewing Appeals Decisions. •Call Center – Foreign Language Interpreter and TTY Availability.

PART D DOMAINS AND MEASURES

Drug Plan Customer Service

- Call Center – Foreign Language Interpreter and TTY Availability
- Appeals Auto-Forward
- Appeals Upheld

Member Complaints and Changes in the Drug Plans Performance

- Complaints about the Drug Plan
- Members Choosing to Leave the Plan
- Beneficiary Access and Performance Problems
- **Drug Plan Quality Improvement**

Member Experience with Drug Plan

- Rating of Drug Plan
- Getting Needed Prescription Drugs

Drug Safety and Accuracy of Drug Pricing

- **High Risk Medication***
- **Medication Adherence for Diabetes Medications**
- **Medication Adherence for Hypertension (RAS Antagonists)**
- **Medication Adherence for Cholesterol (Statins)**
- **MTM Program Completion Rate for CMR**

ALL MEASURES ARE NOT CREATED EQUAL

Outcome Measure

- Improvement to a beneficiary's health as a result of care
- Triple weighted

Intermediate Outcome Measure

- Mechanisms to help beneficiaries move closer to achieving true outcomes
- Triple weighted

ALL MEASURES ARE NOT CREATED EQUAL

Patient Experience Measure

- Represent beneficiaries' perspectives about the care they receive (Weight 1.5)

Access Measure

- Structures that may create barriers to receiving needed health care (Weight 1.5)

Process of Care Measure

- Focuses on methods by which health care is provided (Weight 1.0)

CMS 2016 PART D PERFORMANCE MEASURES

- Pharmacy centric measures accounts for 42% of a plans summary Part D Ratings
- Pharmacist services can also affect patient experience measures

Measure ID	Measure Name	Weighting Category	Part D Summary	MA-PD Overall
D01	Call Center – Foreign Language Interpreter and TTY Availability	Measures Capturing Access	1.5	1.5
D02	Appeals Auto-Forward	Measures Capturing Access	1.5	1.5
D03	Appeals Upheld	Measures Capturing Access	1.5	1.5
D04	Complaints about the Drug Plan	Patients' Experience and Complaints Measure	1.5	1.5
D05	Members Choosing to Leave the Plan	Patients' Experience and Complaints Measure	1.5	1.5
D06	Beneficiary Access and Performance Problems	Measures Capturing Access	1	1
D07	Drug Plan Quality Improvement	Improvement Measure	5	5
D08	Rating of Drug Plan	Patients' Experience and Complaints Measure	1.5	1.5
D09	Getting Needed Prescription Drugs	Patients' Experience and Complaints Measure	1.5	1.5
D10	MPF Price Accuracy	Process Measure	1	1
D11	High Risk Medication	Intermediate Outcome Measure	3	3
D12	Medication Adherence for Diabetes Medications	Intermediate Outcome Measure	3	3
D13	Medication Adherence for Hypertension (RAS antagonists)	Intermediate Outcome Measure	3	3
D14	Medication Adherence for Cholesterol (Statins)	Intermediate Outcome Measure	3	3
D15	MTM Program Completion Rate for CMR	Process Measure	1	1

Medicare 2017 Part C & D Star Rating Technical Notes

HIGH RISK MEDICATIONS (HRM)

- Intermediate Outcome Measure; Triple weighted
- Applies to Medicare beneficiaries 65 years and older
- Filled two prescriptions for the same HRM during the measurement period
- Negatively impacts health plans after the second prescription is filled
- This measure will become a display measure after 2017

HIGH RISK MEDICATIONS

- Measures the percent of plan beneficiaries who filled at least 2 prescriptions for certain medications with a high risk of causing serious side effects for the elderly, when there may be safer medication choices available.
- 2017 Star Ratings will be based on Prescription Drug Event (PDE) data from 1/1/2015 to 12/31/2015

Cut points for Star Assignment in 2017

TYPE	1 Star	2 Star	3 Star	4 Star	5 Star
MA-PD	>15%	>9% to ≤15%	>5% to ≤9%	>3% to 5%	≤3%
PDP	>15%	>11% to ≤15%	>8% to ≤11%	>6% to ≤8%	≤6%

- National Average MAPD: =3.7 Stars
- National Average PDP: 11% =3.6 Stars
- Patients are usually identified after a prescription for a HRM is filled

Source: Medicare 2017 Part C & D Star Ratings Technical Notes

ADHERENCE MEASURE: DIABETES MEDICATIONS

- Intermediate Outcome Measure; Triple weighted
- Applies to Medicare beneficiaries 18 years and older
- Dispensed medication(s) across different classes of diabetes medications:
 - Biguanides
 - Sulfonylureas
 - Thiazolidinediones
 - DiPeptidyl Peptidase (DPP)-IV Inhibitors
 - Incretin mimetics
 - Meglitinides
 - SGLT 2 Inhibitor

ADHERENCE MEASURES: DIABETES MEDICATIONS

- Measures the percent of Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy across several classes of oral diabetes medications
- 2017 Star Ratings will be based on Prescription Drug Event (PDE) data from 1/1/2015 to 12/31/2015

Cut points for Star 2017

Type	1 Star	2 Star	3 Star	4 Star	5 Star
MA-PD	< 70%	≥70% to <76%	≥79% to <79%	≥79% to <83%	≥83%
PDP	< 74%	≥74% to <78%	≥78% to <82%	≥82% to <86%	≥86%

- National Average MAPD: = 3.5 vs 3.9 Stars in 2016
- National Average PDP: 80% = 3.3 vs 2.7 Stars in 2016
- Adherence = PDC equal to or higher than 80%

Source: Medicare 2017 Part C & D Star Ratings Technical Notes

ADHERENCE MEASURE: HYPERTENSION MEDICATIONS

- Intermediate Outcome Measure; Triple weighted
- Applies to Medicare beneficiaries 18 years and older
- Dispensed any of the following medication for hypertension:
 - Angiotensin Converting Enzyme (ACE) inhibitor,
 - Angiotensin II Receptor Blocker (ARB),
 - Direct Renin Inhibitor (DRI)
- Adherence calculation is based on Proportion of Days Covered (PDC)

ADHERENCE MEASURE: HYPERTENSION MEDICATIONS

- Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy for renin angiotensin system (RAS) antagonists (Exclude patient's with ESRD)
 - ACE-I,
 - ARB,
 - DRI
- Based on Prescription Drug Event (PDE) data from 1/1/2015 to 12/31/2015

Cut points for 2017

Type	1 Star	2 Star	3 Star	4 Star	5 Star
MA-PD	< 71%	≥71% to <75%	≥75% to <79%	≥79% to <83%	≥83%
PDP	< 77%	≥77% to <80%	≥80% to <83%	≥83% to <85%	≥85%

- National Average MAPD: = 4.0 vs 4.1 Stars in 2016
- National Average PDP: 82% = 3.7 vs 3.6 Stars in 2016

Source: Medicare 2017 Part C & D Star Ratings Technical Notes

ADHERENCE MEASURE: CHOLESTEROL MEDICATIONS

- Intermediate Outcome Measure; Triple weighted
- Applies to Medicare beneficiaries 18 years and older
- Dispensed a statin and taking it as directed
- Adherence calculation is based on Proportion of Days Covered (PDC)

ADHERENCE MEASURES: CHOLESTEROL MEDICATIONS

- Medicare Part D beneficiaries 18 years or older who adhere to their prescribed drug therapy for cholesterol-Statins.
- 2017 Star Ratings will be based on Prescription Drug Event (PDE) data from 1/1/2015 to 12/31/2015

Cut points for Star Assignment in 2017

Type	1 Star	2 Star	3 Star	4 Star	5 Star
MA-PD	< 66%	≥66% to <73%	≥73% to <77%	≥77% to <82%	≥82%
PDP	< 70%	≥70% to <74%	≥74% to <80%	≥80% to <84%	≥84%

- National Average MAPD: 75% = 3.5 vs 4.0 Stars in 2016
- National Average PDP: 78% = 3.6 vs 3.5 Stars in 2016

Source: Medicare 2017 Part C & D Star Ratings Technical Notes

HOW DOES MIRIXAPRO HELP IDENTIFY NON-ADHERENCE?

- Non-adherence defined as a Proportion of Days Covered (PDC) typically < 80%
- MirixaPro calculates PDC Based on claims data
- Present the data to the pharmacist to discuss the patient
- PDC alone is not a sufficient indicator of adherence
 - Can account for gaps in refilling medication
 - Often a good start
 -

HOW DOES MIRIXAPRO HELP PHARMACISTS ASSESS NON-ADHERENCE?

Adherence issue - Losartan Potassium-HCTZ Oral Tablet 100-25 MG Completed: ☐

After analyzing the medication fill history, the patient appears to be non-adherent to this medication. The Proportion of Days Covered (PDC) for this drug as of Sunday, July 21, 2013 is 64%.

Fill Date	Fill Details	Days Between Fills
7/21/2013	Days Supply: 90 Quantity: 90 NDC: 60505291703 Location Code: 00 (Not Specified)	117 90+27 Days late
3/26/2013	Days Supply: 90 Quantity: 90 NDC: 16714022502 Location Code: 00 (Not Specified)	126 90+36 Days late
11/20/2012	Days Supply: 90 Quantity: 90 NDC: 00093736898 Location Code: 00 (Not Specified)	

IMPACT TO HEALTH PLANS

- Marketing advantage
- All year enrollment for high performing (5 Stars) plans
- Quality Bonus Payment (QBP) for MA and MA-PD Plans with summary ratings greater than 4 Stars
- Potentially decreased enrollment for low performing plans

MEDICARE PLAN FINDER

Limit Your Monthly Premium

Limit Your Annual Drug Deductible

Select Drug Options

Select Star Ratings

Overall Star Rating

Show me plans with at least:

0 Stars

5 Stars

2.0

Exclude plans that do not have an Overall Star Rating

Select Coverage Options

Select Special Needs Plans

Select

All

Available Plans Based On Your Filters

☐ Prescription Drug Plans (with Original Medicare)[?]

☐ Medicare Health Plans with d

☐ Medicare Health Plans without

Continue

Number of Plans Available: 39

27 plan(s) available

Compare Plans

Sort Results by Overall Star Rating

Sort

☐ **KelseyCare Advantage Essential (HMO) (H0332-001-0)**
 Organization: KelseyCare Advantage

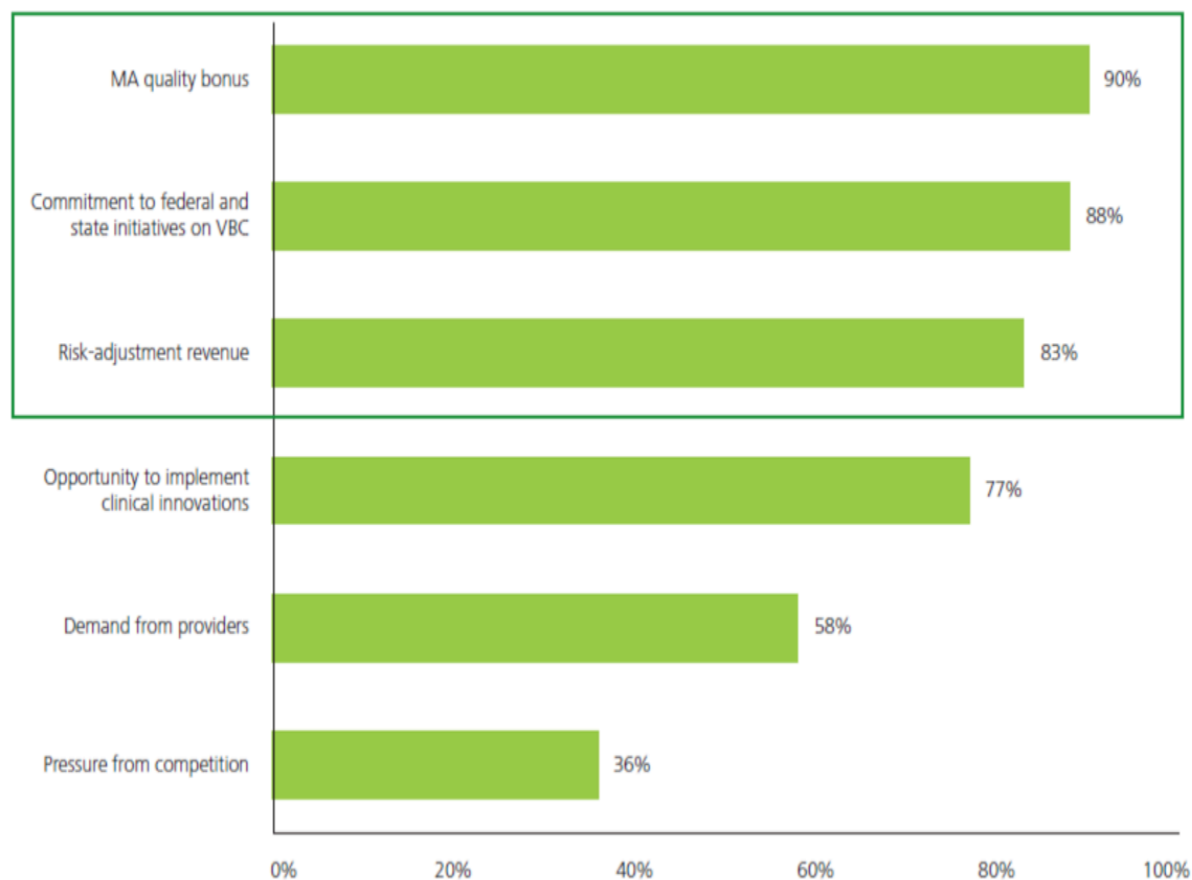
Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?]	Health Benefits: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]	
Retail Annual: \$3,144	\$0.00	Health Plan Deductible: \$0	Doctor Choice: Plan Doctors for Most Services Out of Pocket Spending Limit: \$3,400 In-network	\$5,610 Includes \$3,144 for drug costs	★★★★★ 4.5 out of 5 stars	Enroll

☐ **KelseyCare Advantage Essential+Choice (HMO-POS) (H0332-003-0)**
 Organization: KelseyCare Advantage

Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles: [?]	Health Benefits: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Star Rating: [?]	
Retail Annual: \$3,144	\$0.00	Health Plan Deductible: \$0	Doctor Choice: Plan Doctors Only (some exceptions) Out of Pocket Spending Limit: \$3,400 In-network \$10,000 Out-of-network	\$5,730 Includes \$3,144 for drug costs	★★★★★ 4.5 out of 5 stars	Enroll

HOW IMPORTANT DO PLANS THINK THIS IS?

Percentage of respondents who replied "Important" or "Extremely important" when asked how they would rate the importance of each factor on their value-based strategy in MA



Source: Deloitte Center for Health Solutions, 2015 Study of Medicare Advantage Health Plans and Providers

WHY SHOULD YOU CARE?

MTM and Star Ratings Programs provide you the opportunity to:

- Improve health outcomes for your patients
- Strengthen your relationships with your patients
 - Increases patient loyalty, keeps them coming back to your store
- Potentially reduce DIR fees
 - Varies based on pharmacy performance
- Leverage MTM data to target most impactful patients for specific programs
 - MedSync, Refill reminders, etc.
- Opportunity to increase revenue from patient loyalty
 - Increase in Rx fills
 - Increase in Front End spend
 - Additional patient program opportunities (Immunizations, etc.)

LOOKING FORWARD

- Use your technicians
 - 74% of MTM providers used pharmacy interns in the process*
 - 34% of MTM providers used pharmacy technicians in the process*
 - Develop a process to identify where your technicians can help
 - Train them to provide specific support
- Schools of pharmacy can be a good resource for talent
- Explore creative contracting opportunities
- Remember, patients won't buy-in if you don't offer it

*Source: 2016 MTM Fact sheet

THANK YOU



- Please complete our survey:
<https://www.surveymonkey.com/r/Mirixa3717>
- Goodneighborpharmacyevents.com
- ThoughtSpot 2017
 - July 19-22
 - Mandalay Bay, Las Vegas
 - Thoughtspot2017.com



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