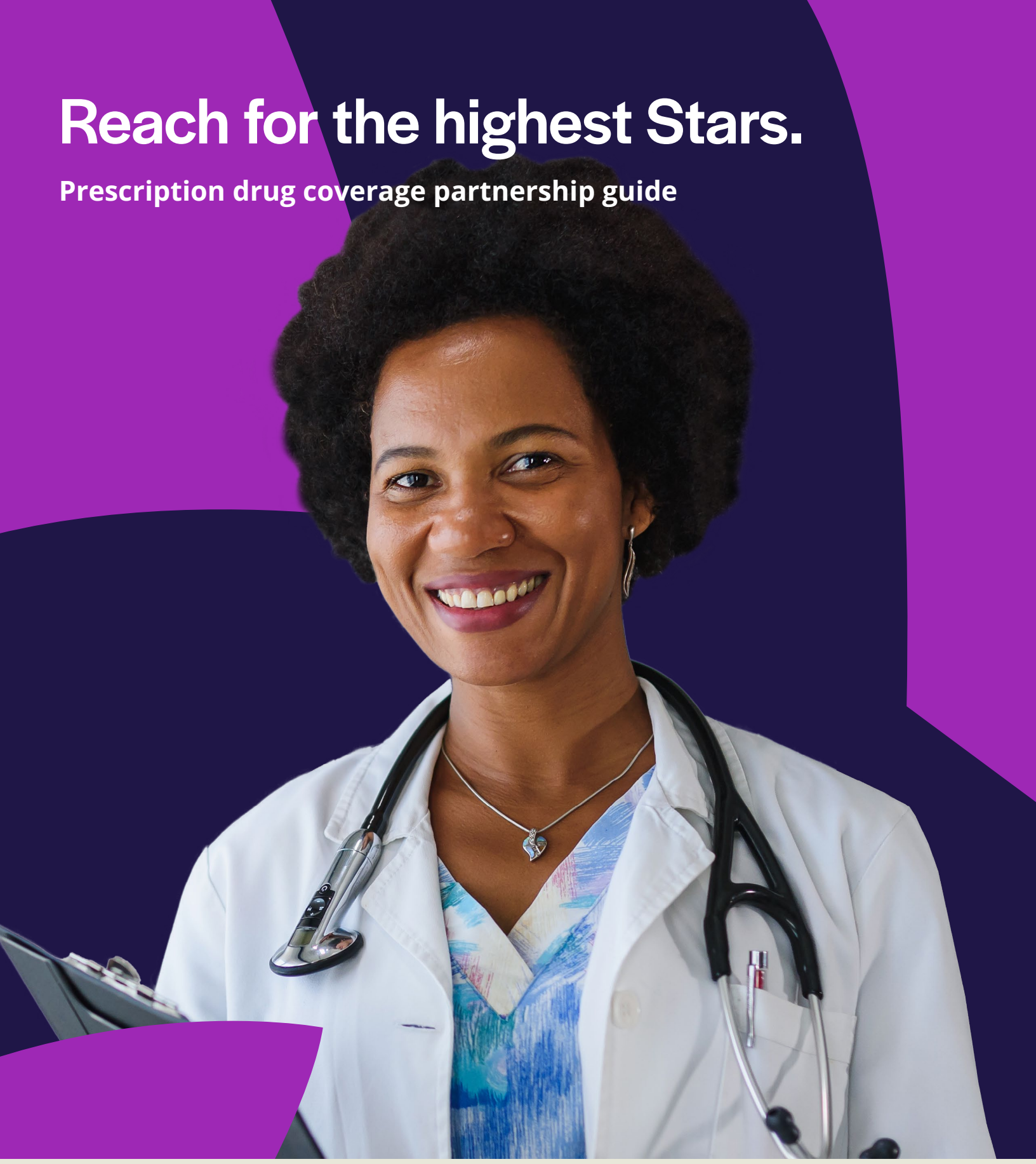
Reach for the highest Stars.

Prescription drug coverage partnership guide



Medicare Advantage

HealthSpring℠

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Teamwork works

The Star Quality Rating system is designed to improve patients' quality of care, overall health outcomes and access to care. It also encourages all of us to engage with patients on a deeper level. And while there are many areas where providers and patients can make this happen, one of the most important is the ongoing management of medications. We appreciate all you do to help your patients on their health journey.
Together, we are so much more.[SM]

Sincerely,

Your HealthSpring team

Thank you for your partnership and for sharing our commitment to quality care. If you need assistance, please contact your HealthSpring representative.

Star Quality Program overview

Program overview
Medication adherence
Statin use with diabetes
Opioids and benzodiazepines
Multiple anticholinergic medications
Medication management

The Centers for Medicare & Medicaid Services developed its Star Rating system to give people with Medicare an objective measure of a plan's performance and quality. Medicare evaluates plans every year and scores them on a scale of one to five stars, with five stars indicating the highest performance. The Star Rating system measures beneficiaries' experience with health plans, providers and the health care system.

The Star Rating system is designed to improve:

- Quality of care
- Overall health outcomes
- Access to affordable health care

Star Ratings are based on approximately 40 measures within five categories. These measures help indicate a plan's quality of care, responsiveness and beneficiary satisfaction.

Pharmacy measures

Metrics affected by medication use make up approximately 8% of the overall 2028 Star Rating and include key areas such as:

- Medication adherence
- Statin use in persons with diabetes
- Concurrent use of opioids and benzodiazepines
- Polypharmacy and anticholinergic medication use

Adherence measures will be single-weighted for this year only. They will transition back to triple-weighted measures next year (affecting Star Rating Year 2029).

★★★★★ **= Excellent**
★★★★ **= Above average**
★★★ **= Average**

Key Medicare Pharmacy Star measures

Let's focus on the **Prescription Drug Event** and other pharmacy measures, and how you and your practice make a positive impact.

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Adherence to Diabetes Medications

Percentage of patients with a prescription for one or more diabetes medications who fill their prescription(s) often enough to cover 80% or more of the time they are supposed to be taking the medication(s). Patients who take insulin are not included in the measure.

Adherence to Hypertension Medications – Renin-Angiotensin-Aldosterone System Antagonists

Percentage of patients with a prescription for a RASA medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. RASA medications include Angiotensin Converting Enzyme Inhibitors, Angiotensin Receptor Blockers and Direct Renin Inhibitors. Patients who take Entresto are not included in the measure.

Adherence to Cholesterol Medications - Statins

Percentage of patients with a prescription for a statin medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

Statin Use in Persons with Diabetes

Percentage of patients age 40–75, with at least two diabetes medication fills on different dates of service who also received a statin medication fill during the measurement period.

Concurrent Use of Opioids and Benzodiazepines

Percentage of patients aged 18 years and older with overlapping use of opioids and benzodiazepines for 30 or more days.

Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults

Percentage of patients aged 65 years and older with overlapping use of two or more unique anticholinergic medications for 30 or more days.

Medicare adherence benefits

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Medication adherence is one of the main ways to help patients improve their health, well-being and peace of mind.

Taking medications as prescribed can help:

- Control medical conditions
- Prevent disease progression
- Avoid hospital admissions or trips to the ER

Tips to implement patient outreach

Assign a dedicated staff member to manage your patients' Stars medication adherence outreach activities.

Your HealthSpring representative can provide you with a medication adherence target list that identifies patients who:

- Have a history of poor medication adherence, **and/or**
- Are late for a refill of the identified medication(s)

Your office medication adherence manager reaches out to targeted patients by phone. The goal is to:

- Address and document barriers to medication adherence
- Encourage refill of the medication(s)
- Emphasize the importance of taking the medication(s) as directed, **and**
- Follow up with pharmacy to authorize additional refills or to ensure refill is dispensed, if necessary. Consider extended days supplies for maintenance medications.

Personal outreach delivers greater impact

PCP Office + Personal Outreach = Improved Adherence

Studies have shown that when a primary care provider's office makes a personal phone call to a patient, medication adherence improves.

>4X **More likely to refill late medications.**[1]

2X **More likely to end the year adherent.**[1]

The challenge

30–50% of patients not taking medication correctly (or at all) have been linked to treatment failures and up to 125,000 deaths per year.[2]

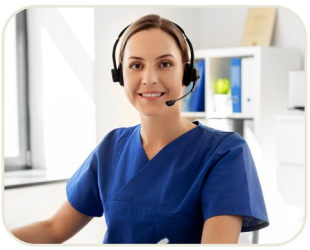
The opportunity

Working together, we can positively impact medication adherence, quality of care and overall health outcomes.

Medication adherence coordination

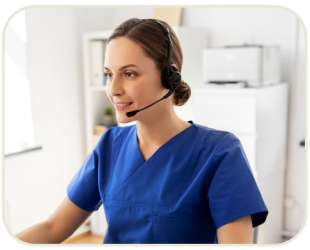
Sample Outreach

"Laura" is the medication adherence manager for a busy practice. While completing her personal outreach, she calls a patient on the Medication Adherence Target list who is marked as "out of medication." After confirming she is speaking to the correct patient, she has the following conversation.



Can you tell me how you take your blood pressure medication and when you last refilled it?

I take one tablet two times a day and last filled it about four months ago.



Does that mean you're out of medication?

No, I still have some left.

Hmm ...

Laura considers a few reasons that may be causing the discrepancy:

Forgetfulness/lack of understanding: Patients sometimes forget to take their medications or may not understand exactly how they are supposed to use them, particularly if they have a complicated regimen or take a lot of medications. Simplifying their regimen or the use of a pillbox may help in these situations.

Transportation: The patient may have challenges when it comes to going to the pharmacy to pick up their medications. The use of 90- or 100-day supplies and home delivery pharmacies may help reduce the transportation burden.

"Pill-splitting": Dosing changes such as the splitting of tablets or other reductions may not be reflected in the patient's prescription. When adjusting dosages, it is important to send a new prescription to the pharmacy so the instructions on the bottle are correct and the patient, caregivers and other clinicians know what is instructed.

During the course of the conversation, Laura determines that forgetfulness is the cause of the patient's non-adherence. The patient admits she is sometimes not sure if she has taken this medication since it is dosed twice per day.

Laura suggests a pillbox that will make it easier for her to keep track of whether or not she has taken each dose. With the patient's consent, Laura calls the pharmacy to get a new prescription ready for the patient to pick up.

Helping patients overcome medication adherence barriers

Forgetfulness

- Consider utilizing home delivery pharmacy, blister packaging, pill organizers or medication synchronization.
- Suggest aligning medication with daily activity such as making coffee or brushing teeth.

Cost

- Encourage patients to use a preferred network pharmacy.
- Evaluate lower cost, generic alternatives to brand meds.
- Prescribe an extended day supply if clinically appropriate. Most plans offer up to a 100-day supply.
- Encourage patients who are on high cost medications to enroll in the Medicare Prescription Payment Plan so that their medication costs are spread throughout the year.

Transportation

- Home delivery pharmacy delivers prescriptions to patient.
- Medication synchronization service may reduce trips to the pharmacy by getting all medications filled on same day. Ask your HealthSpring representative for information.

Side effects

- Ask. Some patients may not admit to side effects without being prompted.
- Coordinate with PCP to confirm potential for reported side effects and clinical decisions regarding therapy changes.

Poor understanding

- Provide additional medication education.
- Highlight importance of controlling the medical condition being treated, even if symptoms are not present.
- Discuss the risks of not taking medications versus the benefits of taking medications as prescribed.

Out of refills

- If appropriate, send in refill(s) of 100-day supply to pharmacy and schedule a follow-up visit.
- For patients noncompliant with office visits, consider sending a one-time, shorter day supply refill to bridge to the next scheduled office visit.

Anxiety or depression

- Consider potential of depressed mood or clinical depression.
- Lack of desire to take medications may flag need for additional depression screening. Offer to schedule an office visit and make a note in the chart.

Top 10 tips to improve patients' medication adherence

1. **Prescribe extended day (90 to 100 days) supply**

   Reduces the chance of missed days between fills.

2. **Consider home delivery**

   The HealthSpring preferred home delivery pharmacy service for mail order is Express Scripts Pharmacy. Encourage patients to opt into auto refills to boost adherence. Other pharmacies are also available in network.

3. **Prescribe generic when possible**

   Improves medication compliance by making the cost of ongoing medication more affordable.

4. **Prescribe sufficient refills and consider auto refill opportunities**

   Helps avoid missed days while waiting for refill authorizations.

5. **Send new prescriptions with dose changes**

   Helps provide proper claims data. The pharmacy must know the exact dose to calculate the days' supply and submit a claim. Send a new prescription to the pharmacy that reflects the dose change and add a notation that this prescription replaces the previous one.

6. **Avoid variable dose regimens**

   Variable dose regimen day's supply has to be calculated at the max daily dose. If a patient takes less than that, they appear noncompliant.

7. **Simplify medication regimen**

   Lessen pill burden by reducing dosing frequency.

8. **Discuss medication adherence**

   Ask open-ended questions such as: "How do you make sure you take your medicine?" versus yes/no questions or questions that lead such as, "You're taking your medicine, right?" Create a blame-free environment to talk about medication issues at each patient visit. Thank them for sharing.

9. **Counsel on new medications**

   Educate patients about new medications, including side effects, when to expect effects, the importance of not stopping or skipping doses, etc.

10. **Follow up**

    Reach out to patients to ask how they feel. Ask if they are taking their medications as prescribed.

Statin Use in Persons with Diabetes

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Statin Use in Persons with Diabetes is an important measure affecting Star Ratings. The American College of Cardiology/American Heart Association Guidelines recommend moderate-to-high intensity statin therapy for primary prevention in patients age 40–75 with diabetes.[3]

SUPD measure definition

The percentage of patients age 40–75 who have:

- Filled a diabetes medication two or more times **and**
- Were dispensed at least one fill of **any** statin medication during the measurement year

Which patients with diabetes are most likely to benefit from statin therapy?

According to the ACC/AHA, statin therapy for the primary prevention of Atherosclerotic Cardiovascular Disease is strongly recommended for individuals with diabetes, age 40–75, and those with an LDL of 70 to 189 mg/dL and without clinical ASCVD.[3]

What is the leading cause of death for individuals with diabetes?

ASCVD is the leading cause of morbidity and mortality for individuals with diabetes and the largest contributor to the direct and indirect cost of diabetes.[4]

Remember

The SUPD measure does **not** include all patients with diabetes. It doesn't include:

- Patients who control their diabetes without prescription medications or who do not use their Part D insurance to pay for them
- Patients who had only one fill of diabetes medication in the measurement year
- Patients who take only single ingredient products with dapagliflozin or empagliflozin for diabetes

Exclusions

Patients with the following are excluded from the measure:

- Rhabdomyolysis or myopathy, not including myalgia
- Pregnancy, lactation or fertility
- Cirrhosis
- Pre-diabetes
- Polycystic ovary syndrome
- Hospice
- End stage renal disease

The applicable ICD-10 code(s) must be captured in the current measurement year to remove the patient from the measure.

Statin coverage standard 5-tier formulary

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Description	Medication	Tier
High-intensity statin therapy	Atorvastatin 40–80 mg	1
	Amlodipine-atorvastatin 40–80 mg	1
	Rosuvastatin 20–40 mg	1
	Simvastatin 80 mg	1
	Ezetimibe-simvastatin 80 mg	1
Moderate-intensity statin therapy	Atorvastatin 10–20 mg	1
	Amlodipine-atorvastatin 10–20 mg	1
	Rosuvastatin 5–10 mg	1
	Simvastatin 20–40 mg	1
	Ezetimibe-simvastatin 20–40 mg	1
	Pravastatin 40–80 mg	1
	Lovastatin 40 mg	1
	Fluvastatin 40-80 mg	1
	Pitavastatin 1-4 mg	1
Low-intensity statin therapy	Ezetimibe-simvastatin 10 mg	1
	Fluvastatin 20 mg	1
	Lovastatin 10–20 mg	1
	Pravastatin 10–20 mg	1
	Simvastatin 5–10 mg	1

How can your office help?

Here's how:

- Your HealthSpring representative can provide a target list that identifies patients with an open statin use measure gap.
- Your office staff can flag patients, and providers can consider prescribing a statin at the next checkup.

We may contact you about your Medicare Advantage patients who could benefit from statin therapy.

Concurrent Use of Opioids and Benzodiazepines

The American Geriatric Society makes a strong recommendation to avoid benzodiazepines in older adults as well as concurrently with opioids.[6] Taking opioids and benzodiazepines together may increase risk of side effects, including sedation, falls, confusion, respiratory depression and accidental overdose.

While there may be situations where prescribing a benzodiazepine and an opioid may be appropriate, clinicians should **avoid prescribing the combination** whenever possible.

Generally, benzodiazepine prescribing is intended for **short-term use** while primary treatment of health conditions is being optimized.

Opioid[a,b] Medications		
• benzhydrocodone	• hydrocodone	• opium
• buprenorphine	• hydromorphone	• oxycodone
• butorphanol	• levorphanol	• oxymorphone
• codeine	• meperidine	• pentazocine
• dihydrocodeine	• methadone	• tapentadol
• fentanyl	• morphine	• tramadol

Benzodiazepine[c,d] Medications		
• alprazolam	• diazepam	• oxazepam
• chlordiazepoxide	• estazolam	• quazepam
• clobazam	• flurazepam	• temazepam
• clonazepam	• lorazepam	• triazolam
• clorazepate	• midazolam	

[a] Includes combination products and prescription opioid cough medications.

[b] Excludes the following: injectable formulations; sublingual sufentanil (used in a supervised setting); and single-agent and combination buprenorphine products used to treat opioid use disorder (i.e., buprenorphine sublingual tablets, Probuphine® Implant kit subcutaneous implant, and all buprenorphine/naloxone combination products).

[c] Includes combination products.

[d] Excludes injectable formulations.

Concurrent Use of Opioids and Benzodiazepines

What can you do? Start discussions with your patients about the risks versus benefits of therapy. Consider tapering and discontinuing benzodiazepine and/or opioid therapy when appropriate.

- Individualized tapering schedules should consider factors such as lifestyle, environmental stressors and available support.
- Tapering benzodiazepines should be gradual and slow. A commonly used tapering schedule for benzodiazepines is aiming for a ~25% dose reduction every two weeks, and if possible, ~12.5% reductions near the end of the taper.[7] However, tapering schedules should be individualized to the patient.
- If opioids are tapered and discontinued, a taper slow enough to minimize symptoms and signs of opioid withdrawal (e.g., anxiety, insomnia, abdominal pain, vomiting, diarrhea) should be used. When patients have been taking opioids for longer durations (e.g., for ≥1 year), tapers of 10% per month or slower are likely to be better tolerated than more rapid tapers.[8]
- When tapering therapy, follow-up with your patient frequently and ensure appropriate behavioral health support.

Initiate alternate treatment options, such as evidence-based psychotherapies (e.g. cognitive behavioral therapy) and/or first-line maintenance therapy for long-term treatment of anxiety (e.g. SSRIs, SNRIs, buspirone) if appropriate.

- However, be careful to avoid initiating medications with strong anticholinergic properties, such as paroxetine, especially in older adults.

When use of opioids and/or benzodiazepines is medically necessary, use the lowest effective dosage and duration of therapy. As a precaution, prescribe naloxone for patients on concurrent opioids and benzodiazepines.

Measure specifications

COB analyzes the percentage of Medicare Part D beneficiaries aged 18 and older with concurrent use of prescription opioids and benzodiazepines. Concurrent use is defined as an overlapping day's supply for at least 30 days.

COB rate is reported based on calendar year. Patients in the denominator have filled opioid prescriptions two or more times, of at least 15 or more cumulative days' supply. Patients included in the numerator have filled two or more benzodiazepine prescriptions on different days of service AND have overlapping opioid prescription(s) for 30 or more days.

Exclusion: Hospice, sickle cell disease, palliative care, cancer or cancer-related pain treatment

A lower rate indicates better performance.

[**2+** benzos AND **2+** opioids] overlapping for **30+** days

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2+ opioids (**15+** days' supply)

Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults

Taking multiple medications with anticholinergic properties in older adults increases the risk of cognitive decline, delirium and falls or fractures.[6] Use is also associated with an increased risk of other anticholinergic side effects such as dry mouth, blurry vision, constipation and urinary retention.

Provider tips

At each visit, prescribers should review their patient's full medication list and deprescribe where necessary. If prescribing high-risk medications cannot be avoided, create a monitoring plan to reduce or prevent medication-related problems that are associated with polypharmacy.

- Consider non-pharmacologic treatment options and alternative medications with less anticholinergic activity when possible.
- When use of ACH medications is medically necessary, use the lowest effective dosage and duration of therapy.
- Educate patients regarding side effects to look for and when to seek medical attention.
- For patients taking medications that increase risk of falls, counsel on fall risk prevention.

Measure specifications

Poly-ACH analyzes the percentage of Medicare Part D beneficiaries, 65 years or older, with concurrent use of two or more unique anticholinergic medications during the measurement period.

Poly-ACH rate is reported based on calendar year. Patients in the denominator have filled the same anticholinergic medication at least two times. Patients included in the numerator have filled two or more unique anticholinergic medications, each with two or more fills, with overlapping or concurrent use for 30 or more cumulative days in measurement year.

Exclusion: Hospice

A lower rate indicates better performance.

$$\frac{\textbf{30+}\text{ days of overlapping }\textbf{2+}\text{ unique anticholinergic medications (}\textbf{≥2}\text{ claims each)}}{\textbf{2+}\text{ prescription claims of the same anticholinergic medication}}$$

Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults

Medication Class	Poly-ACH Medications	Alternatives with lower anticholinergic activity
Antihistamines	• brompheniramine • chlorpheniramine • cyproheptadine • dimenhydrinate • diphenhydramine • doxylamine • hydroxyzine • meclizine • triprolidine	• cetirizine • desloratadine • levocetirizine • loratadine
Antiparkinsonian agents	• benztropine • trihexyphenidyl	• amantadine • bromocriptine • carbidopa • carbidopa-levodopa • carbidopa-levodopa-entacapone • entacapone • Ongentys • pramipexole • rasagiline • ropinirole • selegiline
Skeletal muscle relaxants	• cyclobenzaprine • orphenadrine	• baclofen • methocarbamol • tizanidine
Antidepressants	• amitriptyline • amoxapine • clomipramine • desipramine • doxepin (>6 mg/day) • imipramine • nortriptyline • paroxetine	• bupropion • citalopram • duloxetine • escitalopram • fluoxetine • fluvoxamine • sertraline • trazodone • venlafaxine
Antipsychotics	• chlorpromazine • clozapine • olanzapine • perphenazine	• aripiprazole • asenapine • lurasidone • paliperidone • risperidone • ziprasidone
Antimuscarinics urinary incontinence	• darifenacin • fesoterodine • flavoxate • oxybutynin • solifenacin • tolterodine • trospium	• Myrbetriq • Gemtesa
Antispasmodics	• atropine* • clidinium-chlordiazepoxide • dicyclomine • homatropine* • hyoscyamine • scopolamine*	No specific alternatives; limit to lowest effect dosage and duration of therapy
Antiemetics	• prochlorperazine • promethazine	• metoclopramide • ondansetron

*Excludes ophthalmic

Medication Therapy Management Program

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The Medication Therapy Management measure is currently on display due to recent changes in CMS program criteria. It is expected to transition back to an active measure next year, impacting Star Rating Year 2029.

Program overview: Enrolled patients will be offered a comprehensive medication review by a clinical pharmacist at least annually. The CMR is an interactive session with one of our clinical pharmacists to review all of the patient's medications. After each CMR, the patient is mailed an individualized medication list and plan of action. If medication-related concerns or opportunities are identified, a fax or letter will be sent to the prescriber.

Patient needs to have at least three of the following medical conditions:

- Diabetes
- Dyslipidemia
- Hypertension
- Chronic heart failure
- Bone disease – arthritis
- Alzheimer's disease
- End-stage renal disease
- Mental health
- Respiratory disease
- HIV/AIDS

Patient should be taking at least eight Part D maintenance drugs. The annual cost threshold is determined by CMS and is set at an average annual cost of eight generic drugs. For 2026, this is set as greater than or equal to $1,276.

Patients can be enrolled in MTM Program two ways:

- Meet all three of the criteria listed – health conditions, medications and drug spend threshold
- Patients who are At-Risk Beneficiaries under the plan's Drug Management Program for potential misuse of opioid medications

Why is MTM important?

MTM can help identify potential errors and gaps in patient care by:

- Helping reduce the risk of medication errors – especially if patients have chronic conditions, take several medications or see multiple doctors
- Highlighting evidence-based recommendations to help doctors determine the most effective treatment
- Helping patients understand conditions and medications, so doctors can help patients take an active role in managing their health
- Reviewing potential cost-saving medication recommendations to help support patient adherence

Encourage your patients to engage in this free benefit if they qualify. Have them contact HealthSpring to complete their annual CMR at 1-800-625-9432.

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