

Medication Adherence for Cholesterol (Statins)

Topic	Explanation
Measure Type	Dynamic Star Measure
Description of the Measure	Percent of Medicare Advantage members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Eligible Population	Members must be 18 years and older with at least two fills of the same drug or the drug class.
Compliant Member	<p>Percentage of members with a prescription for a blood pressure medication who fill their prescriptions often enough to cover 80% or more of the time they are supposed to be taking the medication (as derived from the prescription daily dosage).</p> <p>*Medication Adherence is calculated based on the proportion of days per paid Part D claims covered during the measurement period. The measurement period ends at the end of the measurement year or date of disenrollment.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Members with end-stage renal disease. • Members without Part D benefits through Highmark. • Members in hospice any time during the measurement year.
How to Submit to Highmark Inc.	The data is only captured via a pharmacy claim. The dispensing pharmacist generates the claim as the claim is processed at the point of sale. Adherence is calculated based on claims that are processed through the Part D benefit, therefore claims must adjudicate at the point of sale. Retrospective claims adjudication is not permissible.
Best Practices	<ul style="list-style-type: none"> • Discourage “pill splitting” or taking medications every other day. If dosage changes, rewrite prescription to accurately reflect prescribed dose and have dispensing pharmacy discontinue the previous script. • Identify all patients who are prescribed medication for cholesterol. • Prep chart to ensure that provider discusses ongoing compliance. • Discuss with patients the benefits of adhering to medication. • Utilize medication adherence report to identify those trending poorly (percent) on compliance. • Provide ongoing patient outreach to those showing as non-compliant. • Identify reason for non-compliance and attempt to resolve. • Educate patients about their condition and explain why the medication is being prescribed. • Use motivational interviewing to help patients commit to taking their medication and set goals for taking their medications.

Topic	Explanation
Best Practices (continued)	<ul style="list-style-type: none"> • Ask patients what routine they use to help them remember to take their medications (apps, alarms, pillboxes). • Consider 90-day fills when writing prescriptions. • Consider effective but low-cost treatment options that are on Tier 1 of the Highmark Medicare Part D formularies. • Utilize Highmark’s predesigned member letter templates and other informational resources that are located on the Provider Resource Center. • Be proactive. Evaluate practice processes for opportunities to close gaps every time the patient is seen rather than reacting to gap closure reports.
Other	<p>Samples, paying in cash, and using discount cards will not generate an insurance claim. Therefore, these patients will appear to have a lower adherence rate and will appear to be non-compliant with the measure.</p> <p>Always encourage patients to utilize their insurance card, as this may help to identify other services that may be beneficial to them, as in cases for disease management programs. Also, utilizing the insurance ID card is the way to leverage benefit enhancements for the current plan year.</p>

Key Additional Resources

Additional information specific to this measure can be found on the Provider Resource Center under **Value-Based Reimbursement Programs Overview**, in the **Medicare Advantage Stars** section.

Information on formulary medications and Utilization Management restrictions can be found in the **Pharmacy Program/Formularies** section on the Provider Resource Center.