



2024 Medicare Pharmacy Quality Measures

Mississippi Wellcare Contacts

Quality Department

CenteneQualityProviderToolkit@centen.com

Pharmacy Department

Catherine Moore, PharmD, BCGP

Senior Clinical Pharmacist

Catherine.P.Moore@Centene.com

Multi-Prong Approach to Improving Adherence



MEMBER

- Adherence Care Coordination (ACC) Live Call*
- Adherence Barrier and Refill Support Live Call*
- Adherence Barrier and Refill Support IVR*
- Adherence two-way Conversational Texting*
- Letters*



PROVIDER

- RxEffect Provider Platform & Bonus Program
- Electronic Health Record Messaging
- Fax*
- Letters



PHARMACY

- Pharmacy Performance Network
- Pharmacy Incentive Longitudinal* Program
- ESI Home Delivery
- Fax*

2024 P4Q & Rx Effect Incentives

| P4Q Program Measure | Amount Per |
|--|--------------|
| Med Adherence - Diabetes Meds | \$75 |
| Med Adherence - RASA Blood Pressure Meds | \$50 |
| Med Adherence - Statins | \$75 |
| GSD - Diabetes HbA1c ≤ 9% | \$75 |
| CBP - Controlling High Blood Pressure <140/90 | \$25 |
| SUPD - Statin Use in Persons With Diabetes | \$75 |
| SPC - Statin Therapy for Patients with CVD | \$50 |
| BCS – Breast Cancer Screening | \$75 |
| COA - Care for Older Adults – Pain Assessment* | \$25 |
| COA - Care for Older Adults – Review* | \$25 |
| COL - Colorectal Cancer Screen | \$50 |
| EED - Diabetes - Dilated Eye Exam | \$25 |
| FMC – F/U ED Multiple High Risk Chronic Conditions | \$50 |
| OMW - Osteoporosis Management | \$50 |
| TRC – Medication Reconciliation Post Discharge | \$50 |
| TRC – Patient Engagement after Inpatient Discharge | \$50 |
| Total | \$825 |

P4Q (Partnership for Quality): Up to \$825 bonus opportunities

- Medication Adherence Total \$200
 - \$75 - Diabetes Meds
 - \$50 - RASA Blood Pressure Meds
 - \$75 - Statins

- Med adherence impacts blood pressure & diabetes control
 - \$75 - Diabetes HbA1c ≤ 9
 - \$25 - Controlling High Blood Pressure <140/90

- \$75 - SUPD Gap Closure
- \$50 - SPC Gap Closure

RxEffect: Bonus amounts to be announced ~August



P4Q



SUPD



SPC

What Medications are in the Adherence Measure?

RASA Blood Pressure

ACE-inhibitor: Generic drug name ends in “**pril**”
(benazepril, lisinopril, etc)

ARBs: Generic drug name ends in “**sartan**” (candesartan, losartan, etc)

Direct Renin inhibitor: Aliskiren

Aliskiren tab
Benazepril HCl tab/cap (+H/A)
Candesartan Cilexetil tab (+H)
Captopril tab (+H)
Edarbi tab
Edarbyclor tab
Enalapril Maleate tab (+H)
Fosinopril Sodium tab (+H)
Irbesartan tab (+H)
Lisinopril tab (+H)
Losartan Potassium tab (+H)
Moexipril HCl tab
Olmesartan Medoxomil tab (+H/A)
Perindopril Erbumine tab
Quinapril HCl tab (+H)
Ramipril cap
Telmisartan tab (+H/A)
Trandolapril tab
Valsartan tab (+H/A)

Diabetes

Patients on insulin are *EXCLUDED* from the Diabetes measure

Bydureon Bcise auto inj
Farxiga tab
Glimepiride tab
Glipizide tab
Glipizide ER tab
Glipizide-Metformin tab
Glyxambi tab
Invokamet tab
Invokamet XR tab
Invokana tab
Janumet tab
Janumet XR tab
Januvia tab
Jardiance tab
Jentadueto tab
Jentadueto XR tab
Metformin ER Osmotic tab

Metformin HCl tab
Metformin HCl ER tab
Mounjaro pen inj
Nateglinide tab
Ozempic pen inj
Pioglitazone HCl tab
Pioglitazone-Glimepiride tab
Pioglitazone-Metformin tab
Repaglinide tab
Rybelsus tab
Synjardy tab
Synjardy XR tab
Tradjenta tab
Trijardy XR tab
Trulicity pen inj
Victoza pen inj
Xigduo XR tab

Statins

Generic drug name ends in “**statin**”

Altoprev tab
Amlodipine-Atorvastatin tab
Atorvastatin Calcium tab
Ezallor Sprinkle cap
Ezetimibe-Simvastatin tab
Fluvastatin ER tab
Fluvastatin Sodium cap
Livalo tab
Lovastatin tab
Pravastatin Sodium tab
Rosuvastatin Calcium tab
Simvastatin tab
Zypitamag tab

Note: List may not be all inclusive, only includes medications on at least one MAPD/PDP formulary; Brand name drugs are in Bold
(+ H) = combination product with Hydrochlorothiazide available; (+A) = combination product with Amlodipine available

Co-Pay Cost Savings - New in 2024!

- **100-day supply**
 - Saves time and money! Fewer trips to the pharmacy and an additional **+10-day** supply for the **SAME** price as a 90-day supply.
 - For members with **Low Income Subsidy (LIS)** aka “Extra Help”, copay for a 100-day supply is the **SAME** as a **30-day** supply
 - Applicable at any Wellcare in-network pharmacy for all NON-specialty tiers
- **Express Scripts Mail Order 1-833-750-0201 (TTY: 711)**
 - Co-pay with Express Scripts for a 90 or 100-day supply is the **SAME** as a **60-day** supply (save a 30-day co-pay)



Co-Pay Cost Savings - New in 2024!

Express Scripts Pharmacy® replaced CVS Caremark Mail Order® as the **preferred mail order** provider. Co-pay with Express Scripts for a 90 or 100-day supply is the **SAME** as a **60-day** supply (save a 30-day co-pay)

ePrescribing:

Express Scripts Home Delivery NCPDP ID 2623735

4600 North Hanley Road St. Louis, MO 63134

For questions related to ePrescribing: 1-800.211.1456 or email ePrescribing@express-scripts.com

4 ways for patients to register for Express Scripts Mail Order:

- Phone: 1-833-750-0201 (TTY: 711) 24 hours a day, 7 days a week
- Online: <https://www.express-scripts.com/rx>
- Mobile App: <https://www.express-scripts.com/mobile-app>
- Mail: Complete the Express Scripts Pharmacy form (attached or at <https://www.wellcare.com/en/mail-order-service>)



Mail Order Form
(English)



Mail Order Form
(Spanish)

OTC Benefit - New in 2024!

Pre-loaded **Wellcare Spendable™ Visa** card may be used for over the counter (OTC) items such as blood pressure monitoring device, pill planner, etc. Amount varies based on plan.

Replacement Wellcare Spendable™ Visa cards can be ordered by calling Healthy Benefits+ at 1-855-744-8550

3 ways for patients to use their Visa card for OTC items:

PHONE: Use OTC brochure to call 1-855-744-8550 (TTY 711)

ONLINE: member.wellcare.com or use the Healthy Benefits+ app

IN-STORE: Retailers such as Walgreens, CVS, Walmart or Kroger

| Contract | Plan Benefit Package | Plan Name | Pre-loaded Wellcare Spendable™ Visa card may be used for OTC items |
|----------|----------------------|---------------------------------------|--|
| H0074 | 001 | Wellcare No Premium Open (PPO) | \$22/ month |
| H0074 | 004 | Wellcare Dual Access Open (PPO D-SNP) | \$100/ month |
| H1416 | 026 | Wellcare Low Premium (HMO-POS) | \$76/ quarter (expires at end of quarter) |
| H1416 | 034 | Wellcare Dual Access (HMO D-SNP) | \$180/ month |
| H1416 | 044 | Wellcare Dual Liberty (HMO D-SNP) | \$210/ month |
| H1416 | 060 | Wellcare Patriot Giveback (HMO-POS) | \$82/ quarter (expires at end of quarter) |
| H1416 | 065 | Wellcare Giveback (HMO) | \$40/ quarter (expires at end of quarter) |
| H1416 | 068 | Wellcare Assist (HMO) | \$35/ month |
| H1416 | 070 | Wellcare No Premium (HMO) | \$29/ month |
| H1416 | 071 | Wellcare No Premium (HMO) | \$27/ month |
| H1416 | 072 | Wellcare No Premium (HMO) | \$29/ month |
| H1416 | 081 | Wellcare All Dual Assure (HMO D-SNP) | \$40/ month |

Addressing Barriers to Adherence

Co-pay cost savings

- 100-day supply
- Express Scripts Mail Order 1-833-750-020, <https://www.express-scripts.com/rx>

Re-enforce benefits of treatment. Ensure patients “know their numbers”

- Blood pressure cuff (see attached OTC brochure)
- Blood sugar – Glucometer (see attached Glucometer flyer)

Simplify Medication Regimen

- Pill box (see attached OTC brochure), align pill taking time with a daily activity (ex: coffee, etc), or use smart phone reminder/set an alarm
- Once daily, morning dosing if appropriate



OTC Brochure



Glucometer

Addressing Barriers to Adherence

Statins - Consider morning dosing to improve adherence

It was often recommended to take statin in the evening because the body produces more cholesterol during the night, and taking the medication at this time may be more effective. However, taking a statin in the morning is also acceptable, especially if it has a **long half life (rosuvastatin, atorvastatin)** and if it is more convenient for the patient.

| Statin | Formulary *Generic is the formulary option unless noted otherwise | Optimal time of administration | Moderate - High intensity dose | Statin-associated adverse muscle event |
|-----------------------------------|---|--------------------------------|--------------------------------|--|
| Rosuvastatin (Crestor) | Low co-pay, tier 6 | Anytime | 5-40 mg | Trial of alternate day or less frequent dosing |
| Atorvastatin (Lipitor) | Low co-pay, tier 6 | Anytime | 10-80 mg | Trial of alternate day or less frequent dosing |
| Pravastatin (Pravachol) | Low co-pay, tier 6 | Night | 40-80 mg | Less likely to cause muscle toxicity |
| Fluvastatin IR & ER (Lescol) | Low co-pay, tier 6 | Night | 40-80 mg | Less likely to cause muscle toxicity |
| Simvastatin (Zocor) | Low co-pay, tier 6 | Night | 20-40 mg | Trial of alternate day or less frequent dosing |
| Lovastatin (Mevacor) | Low co-pay, tier 6 | Night | 40 mg | Trial of alternate day or less frequent dosing |
| Pitavastatin (Livalo , Zypitamag) | Livalo - Higher co-pay, tier 4 Zypitamag - Higher co-pay, tier 4 & Step Therapy Generic pitavastatin is non-formulary as of 3/22/24 | Anytime | 1-4 mg | Trial of alternate day or less frequent dosing |



UpToDate_Statins

Adherence: PDC ≥ 80%

How is adherence measured?

Medicare calculates adherence as a **Proportion of Days Covered (PDC) ≥80%**

$$\text{PDC} = \frac{\text{Total Days' Supplied}}{\text{Days in the Reporting Interval}}$$

Why PDC ≥80%? One of the most important ways patients can manage their health is by taking medication as directed. The PDC threshold of ≥80% is the level at which medication has a reasonable likelihood of achieving **most** of the potential clinical benefit.

Adherence: PDC \geq 80%

Example #1

First fill: January 1st

Adherence PDC \geq 80% \rightarrow 365 days x **0.80** = **292** days of medications to be adherent

NON-adherence PDC $<$ 80% \rightarrow max of **20% “missed days”** \rightarrow 365 days x **0.20** = **73** “missed days” of medications to be NON-adherent

Example #2

First fill: May 5th

Adherence PDC \geq 80% \rightarrow 241 days x **0.80** = **193** days of medications to be adherent

NON-adherence PDC $<$ 80% \rightarrow max of **20% “missed days”** \rightarrow 241 days x **0.20** = **48** “missed days” of medications to be NON-adherent

RxEffect

- RxEffect uses “missed days” to measure adherence

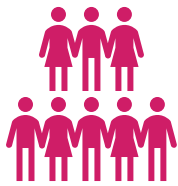
| NAME | OPPORTUNITIES | NOTICES |
|-------------------------------------|---|-------------------|
| ★ [REDACTED] 12-18-1966 PRIORITY | DIABETES 48 of 73 days missed Refill Now! | • 30 to 90 Day Rx |
| ★ [REDACTED] 01-28-1955 PRIORITY | DIABETES 49 of 72 days missed Refill Now! CHOLESTEROL 0 of 73 days missed Refill By: 03-31 | • 30 to 90 Day Rx |
| ★ [REDACTED] 03-07-1962 PRIORITY | DIABETES 47 of 72 days missed Refill Now! ALERT Statin Rx for CVD | • 30 to 90 Day Rx |



RxEffect - Data Analytics to Prioritize Patient List



Majority of members are adherent without intervention (~50%)^{1,2}



Some members just need reminder/general programs (~30%)



Some (risk) members are resistant to reminder/general programs and need provider engagement (~20%)

- Calling ALL patients wastes time and resources since some of those patients will be adherent without intervention
- RxEffect uses **predictive analytics** to choose a subset of the most at risk patients to optimize outreach efforts. Patients at risk of non-adherence who need intervention are *prioritized* to the top, patients not at risk are *not* listed
- RxEffect prescription claims data daily and new patient list is refreshed weekly on Thursdays

Next Steps

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