



Understanding Part D Star Ratings for 2024

Guidelines for improving quality of care and ratings





What's the Medicare Star Rating System?

The Star Rating System measures how well Medicare Advantage and Part D plans perform. It was implemented to improve the quality of care and general health for people with Medicare. Plans are rated with quality measures in several categories, like staying healthy, customer service, and plan performance. Ratings range from one to five stars, with five being the highest and one being the lowest.

How is data collected for the measures?

Data is collected through Part D pharmacy claims, surveys, and administrative means: encounters, enrollments, supplemental info received from partners and vendors and provider systems.

How is the data reported?

Data and gap-in-care reports are sent to our provider partners on a monthly basis and as requested.

What are the Medicare Part D patient safety measures?

Part D patient safety measures are a list of quality measures that make up the overall star rating. Unlike HEDIS measures, Part D measures are developed and endorsed by the [Pharmacy Quality Alliance](https://www.pqaalliance.org/pqa-measures) (PQAalliance.org/pqa-measures). Please note: only a prescription drug event (PDE) or pharmacy claim can create numerator compliance for these measures.

Example:

Measure	Weight
Medication adherence: diabetes medications	3X
Medication adherence: hypertension (ACE/ARB)	3X
Medication adherence: cholesterol (statins)	3X
Statin use in persons with diabetes	1X

Note: This document is not intended as an all-inclusive list of all reportable measures or applicable codes. The measures included in this document are those that PacificSource targets for provider and member initiatives.

Measures

Comprehensive medication review

Population	Members 18 years or older
Product line	Medicare
Star rating weight	1
What's reported	<p>Percentage of Part D members eligible for and enrolled in the Medication Therapy Management (MTM) program for at least 60 days who received a comprehensive medication review (CMR) during the measurement year.</p> <p>To be eligible for MTM, members must:</p> <ul style="list-style-type: none">• Have a minimum of three chronic diseases, like: bone disease, arthritis, osteoporosis, chronic heart failure, diabetes, dyslipidemia, hypertension, respiratory disease, chronic lung disorders, anticoagulation, or neurologic disorder.• Be taking a minimum of five Part D chronic or maintenance medications.• Have anticipated drug costs totaling more than \$5,330 per year.
Measurement period	<ul style="list-style-type: none">• Measurement year (2024)• Star year (2026)
CMR components	<ul style="list-style-type: none">• An interactive, person-to-person consultation conducted in real time that may be delivered face to face, via telehealth, or telephone interview.• During the appointment, the pharmacist or other qualified provider reviews the member's medications, including prescriptions, non-prescription samples and herbal supplements with the member and or other authorized individual to improve the member's knowledge of their medications.• Once a member or their authorized representative completes a CMR, they will receive it in a standardized written format with a cover letter, personal medication list, and Medication Action Plan.• The member's prescriber(s) will receive patient specific recommendations verbally, via medical record, via fax transmission, letter or email based on Pharmacist or other qualified provider identified interventions born out of the CMR.• The program will also provide information on safe disposal of controlled medications to the members.
Exclusions	Hospice care
Tips for success	<ul style="list-style-type: none">• Explain the importance and benefits of completing a CMR when asked by a member.• Help members achieve treatment goals with specific action items.• Address drug therapy problems communicated to you via fax and ensure the Medication Action Plan is stored in the patient's permanent medical record.• If you have questions about PacificSource's MTM program, please contact PacificSource Medicare Customer Service at 888-863-3637, TTY: 711. We accept all relay calls.

Medication adherence for cholesterol medications

Population	Members 18 years or older
Product line	Medicare
Star rating weight	3
What's reported	Percentage of patients with Part D benefits with a prescription for cholesterol medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Measurement period	<ul style="list-style-type: none">• Measurement year (2024)• Star year (2026)
Formulary medications included in the measure	<ul style="list-style-type: none">• Formulary statins<ul style="list-style-type: none">– atorvastatin– rosuvastatin– simvastatin (+/-ezetimibe)– lovastatin– pravastatin– fluvastatin
Exclusions	<ul style="list-style-type: none">• Hospice care• End stage renal disease diagnosis or dialysis coverage dates
Tips for success	<ul style="list-style-type: none">• Use motivational interviewing techniques to allow for open discussion with members to identify and resolve patient-specific adherence barriers.• Reinforce members' understanding of the role of diabetes, cholesterol and hypertension medications in their therapy and the expected duration of the therapy.• Promote 90-day fills to decrease trips to the pharmacy or eliminate them altogether in the case of mail delivery.• Provide an updated prescription to the pharmacy if the patient's medication dose has changed since the original prescription.



Medication adherence for diabetes medications

Population	Members 18 years or older
Product lines	Medicare
Star rating weight	3
What's reported	Percentage of patients with Part D benefits with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Measurement period	<ul style="list-style-type: none"> • Measurement year (2024) • Star year (2026)
Medications included in the measure <i>Please use the Medicare drug search tool (PacSrc.co/med-drug-search) to check formulary status and check for formulary alternatives.</i>	<ul style="list-style-type: none"> • Biguanide medications and combinations <ul style="list-style-type: none"> – metformin (+/- alogliptin, canagliflozin, apagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin) • Sulfonylureas <ul style="list-style-type: none"> – chlorpropamide – glimepiride (+/- pioglitazone, rosiglitazone) – glipizide (+/- metformin) – glyburide (+/- metformin) – tolazamide – tolbutamide • Thiazolidinediones <ul style="list-style-type: none"> – pioglitazone (+/- alogliptin, glimepiride, metformin) – rosiglitazone (+/- glimepiride, metformin) • DPP-4 inhibitors <ul style="list-style-type: none"> – alogliptin (+/- metformin, pioglitazone) – linagliptin (+/- empagliflozin, metformin) – saxagliptin (+/- metformin, dapagliflozin) – sitagliptin (+/- metformin, ertugliflozin) • GLP-1 receptor agonists <ul style="list-style-type: none"> – albiglutide – dulaglutide – exenatide – liraglutide – lixisenatide – semaglutide • Meglitinides <ul style="list-style-type: none"> – nateglinide – repaglinide (+/- metformin) • SGLT2 inhibitors <ul style="list-style-type: none"> – canagliflozin (+/- metformin) – dapagliflozin (+/- metformin, saxagliptin) – empagliflozin (+/- metformin, linagliptin) – ertugliflozin (+/- sitagliptin, metformin)

Exclusions	<ul style="list-style-type: none">• Hospice care• End stage renal disease diagnosis or dialysis coverage dates• One or more prescriptions for insulins
Tips for success	<ul style="list-style-type: none">• Conduct open discussions with patients to identify and resolve patient-specific adherence barriers.• Reinforce patients' understanding of the role of diabetes, cholesterol and hypertension medications in their therapy and the expected duration of the therapy.• Ask if transportation to the pharmacy is an issue for them. 90-day fills may offer less frequent trips to the pharmacy or eliminate them altogether in the case of mail delivery.• Provide an updated prescription to the pharmacy if the patient's medication dose has changed since the original prescription.



Medication adherence for hypertension

Population	Members 18 years or older
Product line	Medicare
Star rating weight	3
What's reported	Percentage of patients with Part D benefits with a prescription for renin angiotensin system antagonists (PDC–RASA) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.
Measurement period	<ul style="list-style-type: none"> • Measurement year (2024) • Star year (2026)
Medications included in the measure <i>Please use the Medicare drug search tool (PacSrc.co/med-drug-search) to check formulary status and check for formulary alternatives.</i>	<ul style="list-style-type: none"> • ACE Inhibitor Medications <ul style="list-style-type: none"> – benazepril (+/- amlodipine, hydrochlorothiazide) – captopril (+/- hydrochlorothiazide) – enalapril (+/- hydrochlorothiazide) – fosinopril (+/- hydrochlorothiazide) – lisinopril (+/- hydrochlorothiazide) – moexipril (+/- hydrochlorothiazide) – perindopril (+/- amlodipine) – quinapril (+/- hydrochlorothiazide) –trandolapril (+/- verapamil) • ARB Medications <ul style="list-style-type: none"> – azilsartan (+/- chlorthalidone) – candesartan (+/- hydrochlorothiazide) – eprosartan (+/- hydrochlorothiazide) – irbesartan (+/- hydrochlorothiazide) – losartan (+/- hydrochlorothiazide) – olmesartan (+/- amlodipine, hydrochlorothiazide) – telmisartan (+/- amlodipine, hydrochlorothiazide) – valsartan (+/- amlodipine, hydrochlorothiazide nebulol) • Direct Renin Inhibitor Medications <ul style="list-style-type: none"> – aliskiren (+/- hydrochlorothiazide)
Exclusions	<ul style="list-style-type: none"> • Hospice care • End stage renal disease diagnosis or dialysis coverage dates • One or more prescriptions for sacubitril/valsartan
Tips for success	<ul style="list-style-type: none"> • Conduct open discussions with patients to identify and resolve patient-specific adherence barriers. • Reinforce patients' understanding of the role of diabetes, cholesterol and hypertension medications in their therapy and the expected duration of the therapy. • Ask if transportation to the pharmacy is an issue for them. 90-day fills may offer less frequent trips to the pharmacy or eliminate them altogether in the case of mail delivery. • Provide an updated prescription to the pharmacy if the patient's medication dose has changed since the original prescription.

Statin use in persons with diabetes (SUPD)

Population	Members 40–75 years of age												
Product line	Medicare												
Star rating weight	1												
What’s reported	Percentage of patients with Part D benefits who are 40–75 years old who received at least two diabetic medication fills during the measurement year and were given a statin medication fill during the measurement year.												
Measurement period	<ul style="list-style-type: none"> • Measurement year (2024) • Star year (2026) 												
Formulary statin medications	<ul style="list-style-type: none"> • atorvastatin • lovastatin • pravastatin • pitavastatin • rosuvastatin • simvastatin 												
Exclusions	<ul style="list-style-type: none"> • Members with the below ICD 10 codes within the measurement year, will be excluded from the denominator. <table border="1" data-bbox="444 894 1453 1257"> <thead> <tr> <th>Condition</th> <th>ICD_10 Code(s)</th> </tr> </thead> <tbody> <tr> <td>Rhabdomyolysis or myopathy</td> <td>G72.0, G72.89, G72.9, M60.9, M62.82</td> </tr> <tr> <td>Cirrhosis</td> <td>K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69</td> </tr> <tr> <td>End stage renal disease or dialysis</td> <td>I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2</td> </tr> <tr> <td>Prediabetes</td> <td>R73.03, R73.09</td> </tr> <tr> <td>Polycystic ovary syndrome</td> <td>E28.2</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Members are also excluded if they have the following during the measurement year: <ul style="list-style-type: none"> – Hospice care – Pregnancy, lactation, or fertility diagnosis, and/or medication for fertility. 	Condition	ICD_10 Code(s)	Rhabdomyolysis or myopathy	G72.0, G72.89, G72.9, M60.9, M62.82	Cirrhosis	K70.30, K70.31, K71.7, K74.3, K74.4, K74.5, K74.60, K74.69	End stage renal disease or dialysis	I12.0, I13.11, I13.2, N18.5, N18.6, N19, Z91.15, Z99.2	Prediabetes	R73.03, R73.09	Polycystic ovary syndrome	E28.2
Condition	ICD_10 Code(s)												
Rhabdomyolysis or myopathy	G72.0, G72.89, G72.9, M60.9, M62.82												
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Prediabetes	R73.03, R73.09												
Polycystic ovary syndrome	E28.2												
Tips for success	<ul style="list-style-type: none"> • Educate members on the importance of statin medications for diabetic patients in reducing cardiovascular risk, regardless of cholesterol levels. • Begin with low dose statin and gradually move to a higher dose to avoid side effects. • Exclude members with statin intolerance due to muscle pain with appropriate diagnosis codes within the measurement year. 												

Questions

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