

ENABLE

Enable your pharmacy to be the go-to resource for patients with diabetes.



Let's talk about Medicare Star Ratings

Medicare Star Ratings began in 2008 and are used to inform consumers about the quality of all health plans and prescription drug plans. Recent studies have found that consumers are more likely to choose a plan that has a high star rating.¹

According to industry expert David Nau, PhD, RPh, FAPhA, CEO of Rx Quality Consultants, the Medicare program has also created quality bonus payments for Medicare Advantage plans, wherein billions of dollars in additional payments are distributed across the top-performing plans to reward their superior quality.

Several of the quality measures in the Medicare Star Ratings are related to diabetes. Medicare Advantage plans are evaluated on quality measures that include the percentage of patients with diabetes that are achieving their A1c goal or that had an eye exam in the past year. Many patients with Type 2 diabetes will also have elevated blood pressure and cholesterol. Medicare also evaluates medication-related quality measures for patients with diabetes for all plans that include drug benefits, including medication adherence and statin use in persons with diabetes.

Pharmacists can positively affect patient outcomes through medication counseling, refill reminders, and automatic refill programs.



¹Highly Rated Medicare Advantage Plans Draw More Customers. U.S. News, accessed 10/3/18, <https://health.usnews.com/health-news/medicare/articles/2013/01/15/highly-rated-medicare-advantage-plans-draw-more-consumers>

Let's touch on DIR Fees

It can be a sore subject for many community pharmacies—direct and indirect remuneration (DIR) fees. Opting out of preferred networks might stop some DIR fees, but may raise patient co-pays and limit your customer base. Lobbyists are working hard to change the laws surrounding DIR fees. In the meantime, let's talk about what you can do.

Some plans are setting up contract strategies for pharmacy networks:

Pay for Performance (P4P) – Your pharmacy could be eligible for bonus payments based on star performance. These bonus payments can offset the DIR fees you are paying.

Preferred Status – A pharmacy's preferred status based on quality measures can lead to better reimbursement rates from plans and adjustment of DIR fees.

Many plans have chosen EQuIPP™ to serve as the neutral intermediary that calculates pharmacy quality scores. EQuIPP is operated by Pharmacy Quality Solutions, a company primarily owned by the non-profit Pharmacy Quality Alliance (PQA).

The plans send their data to EQuIPP to allow for unbiased calculation of the quality scores for each pharmacy and to enable pharmacies to view their performance within each plan as well as across plans.

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Let's talk about Medication Therapy Management

The Centers for Medicare & Medicaid Services (CMS) are looking at ways to reduce waste in the healthcare system by improving medication adherence, so they're making more Medication Therapy Management (MTM) services available for plan members through community pharmacies.

MTM is about more than reviewing a patient's medications. It's a facilitator that can improve patient care and, in turn, star ratings as well. Some plans are also even providing validation payments to pharmacies that show adherence improvements.²

Your workflow doesn't have to be disrupted by MTM. Streamline it by performing actual consultations and completing interventions, but allowing techs to perform:

documentation | follow-up calls | scheduling

Focus on Medicare patients with diabetes. Screen high-priority patients to identify their risk for non-adherence including those enrolled in Medicare plans with P4P programs.

Overall, MTM programs can produce healthier patients with better outcomes, while receiving reimbursement by Medicare Part D.

We're here to support you

Join us in helping to empower patients to play a more active role in their diabetes management!



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