Clinical Services Impact on Reimbursement and DIR Fees

MTM The Future Today

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Director of Education MTM The Future Today/Harps Food Stores, Inc.
Disclosure Statement

Speaker has no conflicts of interest or financial relations to disclose.
OBJECTIVES

• Define MTM services, Star Ratings, and EQuIPP scores.

• Describe the relationships between MTM services, Star Ratings, and EQuIPP scores.

• Understand Star Ratings and EQuIPP scores and the role each has when monitoring impact on patient care in the community pharmacy.
Introduction To MTM

Overview Of Medication Therapy Management, Star Ratings, And EQuIPP Scores
What is MTM?

- A distinct service or group of services that optimize drug therapy and improve therapeutic outcomes for patients
- Patient-centered process of care
- Complete clinical picture vs. individual medication
- Different from medication dispensing and the routine patient counseling

Why Is MTM Important?

• Annual costs of > $500 billion annually due to non-optimized use of medications
  ▫ Medication nonadherence drives the largest avoidable cost

• Studies show MTM saves money

• Pharmacists can make a difference
  ▫ Most readily available healthcare professional
  ▫ Have patient’s fill history at our fingertips

CMS Structure and Star Ratings
Pharmacy Reimbursement

- Private Insurance
- Medicaid
- Medicare
- Cash pay
Medicare Structure

- Original Medicare
  - Part ____
  - Part ____
- Medicare Advantage
  - Part ____
    - MA-only
    - MA-PD
- Prescription Drug Plans
  - Part ____
Common Pharmacy Billing

• Part ___
  ▫ Flu shots
  ▫ Diabetic supplies

• Part ___ (MA-PD) and Part ___ (PDP)
  ▫ Medications
  ▫ MTM Services
What Are CMS Star Ratings?

• Method used by the Centers for Medicare and Medicaid Services (CMS) to monitor the quality of Medicare Part C and D plans
• Medicare Part D plans are private insurers that get reimbursed by CMS based on their Star Rating for prescription drug costs
• Medicare Part C plans are private insurers that get reimbursed by CMS based on their Star Rating for medical care and prescription drug costs*

*if MA-PD
CMS Star Ratings

• CMS Star Rating System
  ▫ 1 – 5 stars based on performance and quality
  ▫ Plans with higher ratings get rewarded
    • Higher payments
    • Quality bonus payments
    • Marketing advantages
    • Year-round enrollment

<table>
<thead>
<tr>
<th>Star Rating</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>★★★★★</td>
<td>Excellent</td>
</tr>
<tr>
<td>★★★★</td>
<td>Above Average</td>
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<tr>
<td>★★★</td>
<td>Average</td>
</tr>
<tr>
<td>★★</td>
<td>Below Average</td>
</tr>
<tr>
<td>★</td>
<td>Poor</td>
</tr>
</tbody>
</table>
CMS Star Ratings

• Determined by customer service measures, beneficiary complaints, member experience with plan, drug pricing, patient safety, and ***pharmacy claims data***

• Display measures do not count toward a plan’s Star Rating, but are additional measurements of quality and some may become Star Rating measures
CMS Star Ratings: Pharmacy Impact

1. High risk medication: % of patients taking a medication considered high risk in patients ≥65 years old *Moved to Display Measure for 2018*

2. Adherence to diabetes medications *triple weighted*

3. Adherence to hypertension medications *triple weighted*

4. Adherence to cholesterol medications *triple weighted*

5. CMR completion rates

6. ____________________________________________________________

7. ____________________________________________________________
CMS Display Measures

- Provide further information about plans’ quality
  1. Avoidance of drug-drug interactions
  2. Avoidance of excessive doses of oral diabetes medications
  3. Medication management for patients with Asthma
Measures Impacted by Pharmacist-Provided Clinical Services in Community Pharmacy
Goals For Payers

- Improve patient health
- Decrease money spent on health care
- High Star Rating ➔ increase reimbursement from CMS
- Make $$$
Why do we care?
(aside from obviously helping our patients)
State of Pharmacy Business

- Medication reimbursements declining
- DIR fees increasing
- Shift in reimbursement models
- Pharmacy business model must change

- Clinical services bridge the reimbursement gaps
DIR Fees

• What are they?
• How are they determined?
• How are they assessed?
• Where can you find information about your pharmacy’s DIR fees?
DIR Fees in Detail

• Quality Measures
  ▫ Adherence to _________________ medications
  ▫ Adherence to _________________ medications
  ▫ Adherence to _________________ medications
  ▫ Statin in Diabetes
  ▫ CMR completion rates
• Formulary Compliance
• % 90-Day Fill
Common Plans DIR Fees Details
Example Plan 1

- **Criteria:** Generic use rate, formulary compliance, Star Ratings
- **Level:** **Pharmacy**
- **MTM:** CMRs in Outcomes, Star Interventions in Mirixa
- **Breakdown:**
  - Adherence: 75%
  - Statin in Diabetes: 10%
  - CMR completion: 10%
  - Formulary compliance: 5%
Example Plan 2

- Criteria: Generic use rate, formulary compliance, Star Ratings
- Level: Pharmacy
- MTM: CMRs in Outcomes, Star Interventions in Mirixa
- Breakdown:
  - Adherence: 75%
  - Statin in Diabetes: 10%
  - CMR completion: 10%
  - Formulary compliance: 5%
Example Plan 3

- **Criteria:** Generic use rate, formulary compliance, vaccine administration, Star Ratings
- **Level:** Pharmacy
- **MTM:** Outcomes
- **Breakdown:**
  - 1. Adherence to diabetes medications
  - 2. Adherence to hypertension medications
  - 3. Adherence to cholesterol medications
  - 4. Statin use in diabetes and statin use in cardiovascular disease
Example Plan 4

- Criteria: Formulary compliance, Star Ratings, one Display Measure
- Level: PSAO
- Breakdown:
  - Adherence
  - Statin in Diabetes
  - High-Risk Medications
  - Formulary compliance
Example Plan 5

- Criteria: Generic Dispensing Rate, Star Ratings
- Level: PSAO
- Breakdown:
  - Adherence: 20%
  - Generic Dispensing Rate: 50%
  - Formulary Compliance: 30%
## Example Plan 6

- **Criteria:** Generic Dispensing Rate, Adherence (HTN)
- **Level:** PSAO
- **Breakdown:**
  - **Adherence to Hypertension Medications**
  - **4 Tiers**
    - **1:** <77.1%  
      - DIR= 9%/11%
    - **2:** 77.1-87%  
      - DIR= 8%/10%
    - **3:** 87.1%-96%  
      - DIR=7%/9%
    - **4:** >96%  
      - DIR=0%
Example Plan 7

• Criteria: Generic Dispensing Rate, Display Measure, 90-Day fills
• Level: **PSAO**
• Breakdown:
  ▫ High-Risk Medications
  ▫ % 90-Day Fills
  ▫ GDR
Value Of MTM For Pharmacies

• Improved patient health
• Health care cost savings
• Set pharmacy apart from competition
• Increased revenue
The Problem...

How do we know how we are performing and what we need to improve?
What is EQuIPP?

• Electronic Quality Improvement Platform for Plans and Pharmacies
• Each pharmacy has an EQuIPP score
• Transparency
• Preferred pharmacy networks
• Reimbursements from pay for performance plans
• Quality-based DIR fees
Accessing EQuIPP

• Visit:
  ▫ [www.equipp.org](http://www.equipp.org)
  ▫ Login
  ▫ Click tab “Performance Dashboard”
<table>
<thead>
<tr>
<th>Measure</th>
<th>Trend</th>
<th>Pharmacy</th>
<th>Versus Goal</th>
<th>Versus Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol PDC</td>
<td></td>
<td>86.6%</td>
<td>85%</td>
<td>88.1% 86.2%</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td></td>
<td>94.7%</td>
<td>86%</td>
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</tr>
<tr>
<td>High-risk Medications</td>
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<td>3.5%</td>
<td>3%</td>
<td>9.9% 11.4%</td>
</tr>
<tr>
<td>RASA PDC</td>
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<td>92.5%</td>
<td>85%</td>
<td>89% 87.6%</td>
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<tr>
<td>Statin Use in Diabetes</td>
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<td>77.2%</td>
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<tr>
<td>UHC 90-Day Fill Rate</td>
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<td>71.4%</td>
<td>70%</td>
<td>62.3% 55.9%</td>
</tr>
</tbody>
</table>
## Pharmacy Report

### Goal:
- Full Measure Set

### View as:
- 6-Month Trend
- Year-to-Date
- Immunization

### Performance Data Date Range:
- AUG 2017 - MAR 2018

#### Measure: Influenza Vaccination

<table>
<thead>
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<tbody>
<tr>
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<td># of Patients</td>
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<td>Goal</td>
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<td></td>
<td></td>
<td>8</td>
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- **Higher is Better**
<table>
<thead>
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<td>70%</td>
<td>62.3%</td>
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</table>
Cholesterol PDC

Goal: Full Measure Set

Higher is better

Pharmacy Versus Goal

<table>
<thead>
<tr>
<th># of Patients</th>
<th>Performance Score</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>86.6%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Pharmacy Versus Others

<table>
<thead>
<tr>
<th></th>
<th>Performance Score</th>
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<tbody>
<tr>
<td>Organization Average</td>
<td>88.1%</td>
</tr>
<tr>
<td>State Average</td>
<td>86.2%</td>
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<tr>
<td>All Equipp Average</td>
<td>89.9%</td>
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Plan Patients (45)

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<th>Patients</th>
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<tr>
<td>Caremark</td>
<td>23</td>
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<tr>
<td>Humana</td>
<td>13</td>
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<tr>
<td>United Healthcare</td>
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</tr>
<tr>
<td>Prime Therapeutics</td>
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<td>Cigna - HealthSpring</td>
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Insurance Mix Report

<table>
<thead>
<tr>
<th>Health Plan</th>
<th># of Patients</th>
<th>Pharmacy</th>
<th>Versus Goal</th>
<th>Gap</th>
<th>Versus Others</th>
</tr>
</thead>
<tbody>
<tr>
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<td>87.1%</td>
<td>83%</td>
<td>✓</td>
<td>88.6%</td>
</tr>
<tr>
<td>Medicare Advantage</td>
<td>6</td>
<td>83.3%</td>
<td>85%</td>
<td>1.7%</td>
<td>88.5%</td>
</tr>
<tr>
<td>Medicare</td>
<td>45</td>
<td>86.6%</td>
<td>85%</td>
<td>✓</td>
<td>88.5%</td>
</tr>
</tbody>
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### Quality Improvement Programs

<table>
<thead>
<tr>
<th>Program Name</th>
<th># of Patients</th>
<th>Pharmacy</th>
<th>Program Goal</th>
<th>Gap</th>
<th>Percentile Rank</th>
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</thead>
<tbody>
<tr>
<td>SilverScript Medicare Part D Retail Performance Network Program</td>
<td>16</td>
<td><strong>93.7%</strong></td>
<td>86%</td>
<td>✓</td>
<td>66th</td>
</tr>
<tr>
<td>Humana Quality Network</td>
<td>13</td>
<td><strong>84.6%</strong></td>
<td>90.9%</td>
<td>6.3%</td>
<td>24th</td>
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<tr>
<td>Aetna Medicare Part D Retail Performance Network Program</td>
<td>4</td>
<td><strong>100%</strong></td>
<td>86%</td>
<td>✓</td>
<td>N/A</td>
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<tr>
<td>WellCare Medicare Part D Retail Performance Network Program</td>
<td>3</td>
<td><strong>66.6%</strong></td>
<td>79%</td>
<td>12.4%</td>
<td>N/A</td>
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<tr>
<td>QBN - BCBS AR Medi-Pak Rx - 55795</td>
<td>2</td>
<td><strong>100%</strong></td>
<td>86%</td>
<td>✓</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Quality Improvement Programs

Program Details

Program Sponsor: Humana

- Humana Medicare performance represents MAPD and PDP lines of business.
- Health Plan is only displaying performance as it relates to the Quality Network. Non-Quality Network performance is not displayed within the QIP but is represented in the overall performance score.
- The Quality Network program is based upon YTD measurement periods.
- Goals are associated with the 50th and 80th percentiles as calculated from the previous EQuIPP performance period. A green-colored performance score indicates that the goal associated with the 80th percentile has been achieved; a red-colored performance score indicates the goal associated with the 50th percentile has not been achieved; and a gray-colored performance score indicates that the pharmacy is performing between the goals associated with the 50th and 80th percentiles. You may use the Percentile Rank percentage calculated for you in the QIP table as a guide to know your estimated percentile rank for each respective measure as these percentile rankings are calculated using the current measurement period.
- Denominator counts may differ in the My Programs display for the Humana Quality Network, due to program-specific exclusions.
- First Fill HRM, Statin Use in Persons with Diabetes and high priority PDC adherence outliers are calculated by Humana and updated weekly in the dashboard. Outliers are based upon 2018 claims data only as of April 16, 2018. Flu Immunization outliers are also updated weekly within the dashboard.
- Program Goals and Percentile Rank calculations are updated monthly based upon the most recent Year-To-Date pharmacy-level performance period.

For questions regarding the Humana Quality Network Program, email rxqualityprogram@humana.com.
For specific questions regarding EQuIPP, please click on the support button located in the top right corner of your EQuIPP dashboard.
### Pharmacy Report

**Goal:** Full Measure Set

#### Performance Data Date Range:
- **Jan 2018 - Jun 2018**

#### View as:
- 6-Month Trend
- Year-to-Date
- Immunization

<table>
<thead>
<tr>
<th>Measure</th>
<th>Trend</th>
<th># of Patients</th>
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<td></td>
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<td>86.6%</td>
<td>85%</td>
<td>88.1%</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td></td>
<td>19</td>
<td>94.7%</td>
<td>86%</td>
<td>87.4%</td>
</tr>
<tr>
<td>High-risk Medications</td>
<td></td>
<td>28</td>
<td>3.5%</td>
<td>3%</td>
<td>9.9%</td>
</tr>
<tr>
<td>RASA PDC</td>
<td></td>
<td>40</td>
<td>92.5%</td>
<td>85%</td>
<td>89%</td>
</tr>
<tr>
<td>Statin Use in Diabetes</td>
<td></td>
<td>22</td>
<td>77.2%</td>
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</tr>
<tr>
<td>UHC 90-Day Fill Rate</td>
<td></td>
<td>7</td>
<td>71.4%</td>
<td>70%</td>
<td>62.3%</td>
</tr>
</tbody>
</table>

**How Do I Improve?**

- **EquIPP Need to Know**
- **MTM The Future Today**

**Print this Report**
<table>
<thead>
<tr>
<th>Measure</th>
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<th>Versus Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes PDC</td>
<td>Top 20% - YTD</td>
<td>94.7%</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>High-risk Medications</td>
<td>Top 20% - YTD</td>
<td>3.5%</td>
<td>3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>RASA PDC</td>
<td>Top 20% - YTD</td>
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<td>85%</td>
<td>89%</td>
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<tr>
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<td>70%</td>
<td>62.3%</td>
</tr>
</tbody>
</table>
## Pharmacy Report

**Goal:** Top 20% - YTD

### Performance Data

**Date Range:** Jan 2018 - Jun 2018

### Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th># of Patients</th>
<th>Performance Score</th>
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<th>Gap</th>
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</tr>
<tr>
<td>Diabetes PDC</td>
<td>19</td>
<td>94.7%</td>
<td>94.7%</td>
<td>-</td>
<td></td>
<td>87.4% 85.5%</td>
</tr>
<tr>
<td>High-risk Medications</td>
<td>28</td>
<td>3.5%</td>
<td>5.3%</td>
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<td>9.9% 11.4%</td>
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<tr>
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<td>92.5%</td>
<td>95%</td>
<td>2.5%</td>
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<td>89% 87.6%</td>
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<tr>
<td>Statin Use in Diabetes</td>
<td>22</td>
<td>77.2%</td>
<td>81.4%</td>
<td>4.2%</td>
<td>Higher is Better</td>
<td>74.4% 68.3%</td>
</tr>
</tbody>
</table>

**View options:**
- 6-Month Trend
- Year-to-Date
- Immunization

**Buttons:**
- EQuIPP Need to Know
- HOW DO I IMPROVE?
## Patient Outliers for Cholesterol PDC

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Designations</th>
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<tbody>
<tr>
<td>Testpatient</td>
<td>Testpatient</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>Testpatient</td>
<td>Testpatient</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>Testpatient</td>
<td>Testpatient</td>
<td>MM/DD/YYYY</td>
<td></td>
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<tr>
<td>Testpatient</td>
<td>Testpatient</td>
<td>MM/DD/YYYY</td>
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</tr>
<tr>
<td>Testpatient</td>
<td>Testpatient</td>
<td>MM/DD/YYYY</td>
<td></td>
</tr>
</tbody>
</table>

### Outlier Designations

- **90-Day Opportunity**
  - Indicates that the member’s last fill of at least one medication associated with this measure was a 30-day supply, but can be filled for a 90-day supply.

- **LIS – Low Income Subsidy**
  - LIS members are eligible to receive a 90-day supply for the same co-pay as a 30-day supply.

- **No Impact**
  - Patient does not have the potential to become adherent within the current calendar year based on their PDC rate from prescription drug claims.

- **Actionable Impact**
  - Patient has the potential to become adherent within the current calendar year based on their PDC rate from prescription drug claims.

- **Flu Shot Needed**
  - Patient has not received their annual influenza vaccination according to both pharmacy and medical claims data. For performance associated with the annual influenza vaccination rate, select the “Immunization” measurement tab in the View As section on the EQUIPP Performance Dashboard main page.

- **Flu Shot Received**
  - Patient has already received their annual influenza vaccination according to both pharmacy and medical claims data. An opportunity exists to remind patients that they received their annual flu shot so they are aware when asked by surveys or other healthcare personnel.

<table>
<thead>
<tr>
<th>WellCare-PNP</th>
<th>Outlier</th>
<th>Percentage</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outlier</td>
<td>77.09%</td>
<td>Not Started</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SilverScript-PNP</th>
<th>Outlier</th>
<th>Percentage</th>
<th>Status</th>
</tr>
</thead>
<tbody>
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<td>Outlier</td>
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<td>Trend</td>
<td>Program</td>
<td>Versus Goal</td>
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<tr>
<td>----------------------------------------------</td>
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<td>---------</td>
<td>-------------</td>
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<td>Cholesterol PDC</td>
<td>2370</td>
<td>90.8%</td>
<td>94.1%</td>
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<td>Diabetes PDC</td>
<td>806</td>
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<td>High-risk Medications</td>
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<td>5.3%</td>
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<tr>
<td>Pneumonia Vaccination Status for Older Adults</td>
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<td>0%</td>
<td>23%</td>
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<tr>
<td>RASA PDC</td>
<td>2582</td>
<td>91.4%</td>
<td>95%</td>
</tr>
<tr>
<td>Statin Use in Diabetes</td>
<td>985</td>
<td>70.7%</td>
<td>81.4%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Trend</td>
<td># of Patients</td>
<td>Performance Score</td>
</tr>
<tr>
<td>------------</td>
<td>-------</td>
<td>---------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Pharmacy #1000</td>
<td></td>
<td>82</td>
<td>98.7%</td>
</tr>
<tr>
<td>Pharmacy #1001</td>
<td></td>
<td>77</td>
<td>97.4%</td>
</tr>
<tr>
<td>Pharmacy #1002</td>
<td></td>
<td>73</td>
<td>97.2%</td>
</tr>
<tr>
<td>Pharmacy #1003</td>
<td></td>
<td>52</td>
<td>96.1%</td>
</tr>
<tr>
<td>Pharmacy #1004</td>
<td></td>
<td>56</td>
<td>94.6%</td>
</tr>
</tbody>
</table>
Plan #4

Quality Network Program
### PROGRAM PERFORMANCE

- **Estimated Current Performance Payout:** $12,546.00
- **Estimated Minimum Performance Payout:** $0.00
- **Estimated Maximum Performance Payout:** $110,700.00
- **Estimated Quality Network Per-Claim Performance Payment:** $0.34

**Measurement Period:** JAN 2018 - JUN 2018

### PROGRAM MEASURES

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Patient Count</th>
<th>Performance Score</th>
<th>Percentile</th>
<th>Gap</th>
<th>Goal</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol PDC</td>
<td>536</td>
<td>91.2313%</td>
<td>52.4030</td>
<td>24 Patients 4.4209%</td>
<td>95.6522%</td>
<td><img src="#" alt="Progress Bar" /></td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td>185</td>
<td>87.5676%</td>
<td>38.4822</td>
<td>5 Patients 2.4324%</td>
<td>90.0000%</td>
<td><img src="#" alt="Progress Bar" /></td>
</tr>
<tr>
<td>RASA PDC</td>
<td>580</td>
<td>90.5172%</td>
<td>41.4701</td>
<td>8 Patients 1.2475%</td>
<td>91.7647%</td>
<td><img src="#" alt="Progress Bar" /></td>
</tr>
</tbody>
</table>

The information presented on this page is an estimate of your organization's performance for the stated program. The final performance will be determined by the program sponsor at the appointed measurement period.
Why is it important to monitor EQuIPP scores?
Beyond MTM Completion
MTM Impact
MTM Services → Improved Patient Health → Increased Revenue
MTM Services

- Opioid Use
- Statin use in Diabetes
- Adherence
- CMR Completion Rates
- RA Management
- Blood Pressure Control
- Blood Sugar Control
- Diabetes Care

MTM The Future Today
Value Of MTM For Pharmacists

- Increased revenue
  - Direct revenue from MTM services
  - Improves pharmacy impact on plans’ Star Ratings
  - Increased reimbursements and decreased DIR fees
  - Bonus payments for high performers
QUESTIONS?
References

- Arkansas Pharmacists Association, Delivering Medication Therapy Management Services, 2015
- Pharmacist's Letter Online Continuing Education and Webinars. Quality Measures: What Pharmacy Teams Need to Know, Volume 2014, Course No. 311
- Clinical Reference and Resource Page (Asthma, COPD, Diabetes, Heart failure, Hyperlipidemia, Hypertension, High Risk Medications Table, Drug-Drug Interactions Table), www.mirixapro.com