

Measure: D10 - Medication Adherence for Cholesterol (Statins)

Title	Description
Label for Stars: Taking Cholesterol Medication as Directed	
Label for Data: Taking Cholesterol Medication as Directed	
Description:	<p>Percent of plan members with a prescription for a cholesterol medication (a <i>statin drug</i>) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.</p> <p>One of the most important ways people with high cholesterol can manage their health is by taking medication as directed. The plan, the doctor, and the member can work together to do this.</p> <p>Metric: This measure is defined as the percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for statin cholesterol medications. This percentage is calculated as the number of member-years of enrolled beneficiaries 18 years and older with a proportion of days covered (PDC) at 80 percent or higher for statin cholesterol medication(s) during the measurement period (numerator) divided by the number of member-years of enrolled beneficiaries 18 years and older with at least two statin cholesterol medication fills on unique dates of service during the measurement period (denominator).</p> <p>The PDC is the percent of days in the measurement period “covered” by prescription claims for the same medication or another in the therapeutic category. Beneficiaries are only included in the measure calculation if the first fill of their statin medication occurs at least 91 days before the end of the enrollment period.</p> <p>The Medication Adherence measure is adapted from the Medication Adherence-Proportion of Days Covered measure that was developed and endorsed by the Pharmacy Quality Alliance (PQA).</p> <p>See the medication list for this measure. The Medication Adherence rate is calculated using the National Drug Code (NDC) list and obsolete NDC date methodology maintained by the PQA. The complete NDC list is posted along with these technical notes.</p> <p>Primary Data Source: Prescription Drug Event (PDE) data</p> <p>Data Source Description: The data for this measure come from PDE data submitted by drug plans to the CMS Drug Data Processing Systems (DDPS) and accepted by the 2020 PDE submission deadline for annual Part D payment reconciliation with dates of service from January 1, 2020-December 31, 2020. If the PDE edit results in the PDE being rejected by DDPS, then the PDE is not used in the Patient Safety measure calculations. If the PDE edit is informational and therefore, does not result in the PDE being rejected, then the PDE is used in the Patient Safety measure calculations. Reminder, CMS uses the term “final action” PDE to describe the most recently accepted original, adjustment, or deleted PDE record representing a single dispensing event. Original and adjustment final action PDEs submitted by the sponsor and accepted by DDPS prior to the 2020 PDE submission deadline are used to calculate this measure. PDE claims are limited to members who received at least two prescriptions on unique dates of service for statin medication. PDE adjustments made post-reconciliation were not reflected in this measure.</p> <p>Additional data sources include the Common Medicare Environment (CME), the Medicare Enrollment Database (EDB), the Common Working File (CWF), the Encounter Data Systems (EDS), and the Risk Adjustment Processing System (RAPS).</p> <ul style="list-style-type: none">• CME is used for enrollment information.• EDB is used for hospice enrollment and ESRD status (dialysis start and end dates)

within the measurement period).

- CWF is used to identify exclusion diagnoses based on ICD-10-CM codes, inpatient (IP) and skilled nursing facility (SNF) stays for PDPs and MA-PDs (if available).
- EDS is used to identify diagnoses based on ICD-10 CM codes, and SNF/IP stays for MA-PD beneficiaries.
- RAPS is used for diagnosis information, RxHCC - Dialysis Status (most recent available Payment Year).

Data Source Category: Health and Drug Plans

Exclusions: Contracts with 30 or fewer enrolled member-years (in the denominator). The following beneficiaries are also excluded from the denominator if at any time during the measurement period:

- Hospice enrollment
- ESRD diagnosis or dialysis coverage dates

General Notes: Part D drugs do not include drugs or classes of drugs, or their medical uses, which may be excluded from coverage or otherwise restricted under section 1927(d)(2) of the Act, except for smoking cessation agents. As such, these drugs, which may be included in the PQA medication or NDC lists, are excluded from CMS analyses. Also, the member-years of enrollment adjustment is made by CMS to account for partial enrollment within the benefit year. Enrollment is measured at the episode level, and inclusion in the measure is determined separately for each episode – i.e., to be included for a given episode, the beneficiary must meet the initial inclusion criteria for the measure during that episode.

The measure is weighted based on the total number of member-years for each enrollment episode in which the beneficiary meets the measure criteria. For instance, if a beneficiary is enrolled for a three-month episode, disenrolled for a six-month episode, reenrolled for a three-month episode, and meets the measure criteria during each enrollment episode, s/he will count as 0.5 member years in the rate calculation ($3/12 + 3/12 = 6/12$).

The PDC calculation is adjusted for overlapping prescriptions for the same drug which is defined by active ingredient at the generic name level using the NDC list maintained by PQA. The calculation also adjusts for Part D beneficiaries' stays in inpatient (IP) settings, and stays in skilled nursing facilities (SNFs). The discharge date is included as an adjustment day for IP/SNF stays. Please see [Attachment K: Medication Adherence Measure Calculations](#) for more information about these calculation adjustments.

When available, beneficiary death date from the CME is the end date of a beneficiary's measurement period.

Data Time Frame: 01/01/2020 – 12/31/2020

General Trend: Higher is better

Statistical Method: Clustering

Improvement Measure: Included

CAI Usage: Included

Case-Mix Adjusted: No

Weighting Category: Intermediate Outcome Measure

Weighting Value: 3

Major Disaster: Higher measure star (2021-2022) for contracts with 25% or more enrolled affected by 2020 disasters.

Meaningful Measure Area: Management of Chronic Conditions

NQF #: 0541

Data Display: Percentage with no decimal place

Reporting Requirements:

1876 Cost	CCP w/o SNP	CCP with SNP	CCP with Only I-SNP	MSA	PDP	PFFS
Yes	Yes	Yes	Yes	No	Yes	Yes

Cut Points:

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
MA-PD	< 78 %	>= 78 % to < 83 %	>= 83 % to < 87 %	>= 87 % to < 91 %	>= 91 %
PDP	< 82 %	>= 82 % to < 86 %	>= 86 % to < 88 %	>= 88 % to < 90 %	>= 90 %