Understanding Your Patient Care Opportunity Report (PCOR)

How to use your PCOR to help improve performance on CMS Medicare Part D Clinical Star Ratings measures

Your Patient Care Opportunity Report (PCOR) identifies open care opportunities to help you improve health outcomes for your patients who are UnitedHealthcare Medicare Advantage plan members. The PCOR shows your practice’s progress as you work to address open care opportunities throughout the year — and helps you know which areas to focus on.

This guide walks you through a sample PCOR for Medicare Part D clinical measures that are part of the Centers for Medicare & Medicaid Services (CMS) Star Ratings system.¹

Accessing your report

1. Open your PCOR.
2. Go to the PATH Member Adherence Report tab.
3. Review the D11–D13, DMD15 and DMD 16 measures to see current information for specific UnitedHealthcare Medicare Advantage plan members.

Definitions of CMS Star Ratings Measures

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Description</th>
<th>Target Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>D11–D13</td>
<td>Diabetes, Hypertension (RAS Antagonists), Cholesterol (Statins)</td>
<td></td>
</tr>
<tr>
<td>DMD15</td>
<td>Statin Use In Persons With Diabetes (SUPD)</td>
<td></td>
</tr>
<tr>
<td>DMD16</td>
<td>High-Risk Medication (HRM)</td>
<td></td>
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</tbody>
</table>

¹ The Centers for Medicare & Medicaid Services (CMS) evaluates health plans based on a Five-Star Quality Rating System. Star Ratings are calculated each year and may change from one year to the next.
## Understanding Your PCOR: Colors Identify Care Opportunities

<table>
<thead>
<tr>
<th>PCOR</th>
<th>D11-D13: Medication Adherence: Diabetes, Hypertension (RAS Antagonists), Cholesterol (Statins)</th>
<th>DMD15: SUPD</th>
<th>D16: HRM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red</td>
<td>Permanent gap exists. Member is non-adherent with a proportion of days covered (PDC) that is less than 80 percent and less than zero allowable days remain. <strong>Note:</strong> Member adherence is measured by PDC. Members can’t attain 80 percent PDC when the allowable days they can miss in the year is less than zero. Allowable days remaining must be zero or greater at the end of the measurement period for member to be adherent. <strong>Current year status = Red with PDC</strong></td>
<td>Red isn’t applicable for this measure during the year.</td>
<td>Permanent gap exists. Member is considered to have a permanent gap when they have at least two fills of most HRMs or when they’ve surpassed the maximum duration or dosage allowed by the measure (e.g., greater than 90 days of cumulative use of sedative hypnotics during the benefit year). <strong>Current year status = Red with R</strong></td>
</tr>
<tr>
<td>Yellow</td>
<td>No permanent gap at this time. Member is at risk for non-adherence. PDC is less than 95 percent and the number of days the member is allowed to miss is zero or greater. (Allowable days remaining = 0 or greater) <strong>Current year status = Yellow with PDC</strong></td>
<td>No permanent gap at this time. Member has filled prescriptions commonly used to treat diabetes, but <strong>no</strong> prescription activity has been identified for a cholesterol (statin) medication. <strong>Current year status = Yellow with Y</strong></td>
<td>Possible gap, but no permanent gap at the present time. Member has at least one fill of HRM(s) <strong>Current year status = Yellow with Y</strong></td>
</tr>
</tbody>
</table>

### To avoid a possible gap:

- **Consider** discontinuing HRMs, if appropriate. Refer to the HRM Rx Alternatives tab in the PCOR for a list of safe alternatives.
- **If you’re** not the prescribing physician, consider addressing this care opportunity with the prescriber and discuss safe medication alternatives for your patient.

### Care Opportunity

- **Consider prescribing a statin, as appropriate, before Dec. 31.** If you determine a statin medication is appropriate, please send a prescription to the member’s preferred pharmacy.
- The care opportunity is addressed with a single prescription for a statin or statin combination processed using the member’s UnitedHealthcare insurance card.
- **If cost is a concern for your patient and is affecting their ability to pay for their medication:**
  - We have low-cost generic statin medications available on our Medicare Advantage Part D formularies. Please refer to the specific formulary for coverage details.
  - UnitedHealthcare offers $0 copays for Tiers 1 and 2 medications for most plans when members use home delivery through OptumRx.
    - Before entering the coverage gap, members in these plans pay $0 for the most commonly used maintenance medications.²
    - Group MAPD members are excluded from the $0 benefit at home delivery.
  - UnitedHealthcare offers $0 copays for Tiers 1 and 2 medications for most plans when members use home delivery through OptumRx.
    - Before entering the coverage gap, members in these plans pay $0 for the most commonly used maintenance medications.²
      - Group MAPD members are excluded from the $0 benefit at home delivery.
  - If you have any questions about home delivery, please call OptumRx at 800-791-7658 or contact your UnitedHealthcare representative.

- Encourage the member to use their UnitedHealthcare insurance card at the pharmacy to get the best value.

- Only prescription fills processed with the member’s UnitedHealthcare insurance card are used to close this care opportunity. Samples or information on cash prescriptions can’t be submitted to CMS in supplemental files for Part D Star Ratings measures.

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² $0 copay may be restricted to particular tiers, preferred medications or mail order prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage.
Understanding Your PCOR: Colors Identify Care Opportunities (cont’d)

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<thead>
<tr>
<th>PCOR</th>
<th>D11-D13: Medication Adherence: Diabetes, Hypertension (RAS Antagonists), Cholesterol (Statins)</th>
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<th>D16: HRM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>No gap. Member’s PDC is either at or above 95 percent, or there are more allowable days remaining than there are days between the next refill due date and the end of the benefit year. This member is on track for adherence. Current year status = Green with G</td>
<td>No gap. Member has filled prescription for a statin or statin combination this year. Current year status = Green with G</td>
<td>Green isn’t applicable for this measure during the year.</td>
</tr>
<tr>
<td>Prior year result</td>
<td>PDC in red = Gap. Member was non-adherent (PDC &lt; 80 percent). PDC in black = No gap. Member was adherent (PDC ≥ 80 percent). Blank = Member not identified for this measure.</td>
<td>X = Gap. Member was non-compliant for this measure. - = No gap. Member was compliant for this measure. Blank = Member not identified for this measure.</td>
<td>X = Gap. Member exceeded allowed threshold in measurement year for HRMs. - = No gap. Member didn’t exceed the gap threshold for HRMs. Blank = Member not identified for this measure.</td>
</tr>
</tbody>
</table>

Understanding Your PCOR: Pharmacy Detail Report Tab

The Pharmacy Detail Report provides your practice with member-level prescription drug information for those who are eligible for Medicare Part D measures. It includes drug names, last prescription fill date, prescriber name and pharmacy information. You can use this report to help members improve medication compliance, decrease high-risk medication use, and close care opportunities for the SUPD measure.

D11–D13 Adherence Measures

This section provides member details regarding adherence to diabetes, hypertension (RAS antagonist) and cholesterol (statin) medications. It includes drug name, last fill date, quantity/days’ supply, days missed in the last 45 days, maximum refill due date, and pharmacy and prescriber information.

For the diabetes adherence measure (D11), the last two unique diabetes medication fill dates are provided if your patient is on more than one qualifying diabetes medication.

Key:
- Red (PDC %): PDC less than 80 percent and less than zero allowable days remain. Member is non-adherent with a permanent gap.
- Yellow (PDC %): PDC is less than 95 percent and allowable days remaining is zero or greater. Member is at risk for non-adherence.
- Green (G): Member is on track for adherence. Member is either at or above 95 percent PDC, or there are more allowable days remaining than there are days between the next refill due date and the end of the measurement period.

1X: Member has one fill of a qualifying adherence medication and may be included in the measure with the second fill.

After a member qualifies for the measures, the following fields are important to help track adherence:
- Days of therapy missed year-to-date (YTD): Number of days of drug therapy missed year-to-date. To be adherent, member can’t miss more than 20 percent of days in a measurement period. This number must be used with allowable days remaining to assess adherence status.
- Allowable days remaining: Number of days of therapy a member may miss from now until the end of the year to still achieve 80 percent PDC and be considered adherent for the Star Ratings measure. Member must have zero or more allowable days remaining at the end of the measurement period to be considered adherent. Otherwise, they’re mathematically unable to achieve 80 percent PDC.
- Refill due date: Date when the allowable days remaining (ADR) decreases if the medication isn’t refilled. The ADR will drop by one for every day past the refill due date. The date shown accounts for times when there are overlapping fills, if applicable. It is not always equal to the calculation of the last fill date plus the days’ supply.
D11–D13 Adherence Measures

Calls to action:

1. Please focus on the members in yellow because they may be at risk for non-adherence in 2018. The goal is to prevent them from becoming red during the course of the year.

2. Counsel members on the importance of taking medications as directed and getting timely refills. Please discuss medication adherence barriers at each visit. Ask members about concerns related to side effects, costs and health benefits of the applicable therapy.

   Please check the refill due dates to make sure your patient is getting timely refills if continued therapy with this medication is appropriate.

3. When clinically appropriate, consider writing 90-day prescriptions for chronic conditions to improve adherence. Days’ supply is in red font if the last fill was less than a 90-day supply at the pharmacy.

4. Prescribe low-cost generic medications when clinically appropriate.

   • Many generic medications available in the U.S. for diabetes (non-insulin diabetes medications), hypertension (RAS antagonists) and cholesterol (statins) are included in Tier 1 — the lowest copay tier — of UnitedHealthcare’s Medicare Advantage formularies.

5. Ensure active prescriptions accurately reflect current dosing.

6. Review the following alerts:

   • New start to medication (1X): If ongoing therapy is determined to be appropriate, please address adherence barriers early and follow up proactively to help ensure member’s next fill is timely.

   • 1X: If ongoing therapy is appropriate, counsel the member on getting timely refills to prevent large fill gaps, particularly between the first and second fills and any subsequent fills. Members qualify for the measure with the second fill, but the measurement period starts with the date of the first fill.

7. Ensure members who qualified for the adherence measure(s) have zero or greater allowable days remaining at the end of the measurement period. Members can’t attain 80 percent PDC when the allowable days they can miss in the year is less than zero. Allowable days remaining must be zero or greater for member to be adherent.

8. If cost is a concern for your patient and is affecting medication adherence, UnitedHealthcare offers $0 copays for Tiers 1 and 2 medications for most plans when members use home delivery through OptumRx®.

   • Before entering the coverage gap, members in these plans pay $0 for the most commonly used maintenance medications.²

   • Group MAPD members are excluded from the $0 benefit at home delivery.

   If you have any questions about home delivery, please call OptumRx at 800-791-7658 or contact your UnitedHealthcare representative.

9. Encourage members to use their UnitedHealthcare insurance card at the pharmacy to get the best value.

Only prescription fills processed with a member’s UnitedHealthcare insurance card are used to measure a member’s adherence. Samples or information on cash prescriptions can’t be submitted to CMS in supplemental files for Part D Star Ratings measures.

² $0 copay may be restricted to particular tiers, preferred medications or mail order prescriptions during the initial coverage phase and may not apply during the coverage gap or catastrophic stage.
Understanding Your PCOR: Pharmacy Detail Report Tab (cont’d)

DMD15 Statin Use in Persons With Diabetes (SUPD)

This section provides details about a member’s prescriptions, such as statin drug name, last fill date, quantity, days’ supply, prescriber name and more when the SUPD care opportunity has been addressed. Members with an open care opportunity have a “No statin filled YTD” message.

**Key:**

Red (R): Red isn’t applicable for this measure during the year. Final PCORs with Jan. – Dec. 2018 data will be released Jan. – Apr. 2019. Members listed as red have a permanent gap — no statin was filled in 2018.

Yellow (Y): No permanent gap at this time. Member has filled prescriptions commonly used to treat diabetes, but no prescription activity has been identified for a statin or statin combination medication.

Green (G): No gap. Member has filled a prescription for a statin or statin combination this year.

**Calls to action:**

1. Please focus on the members in yellow.

2. **Consider prescribing a statin, as appropriate, before Dec. 31.** If you determine a statin medication is appropriate, please send a prescription to the member’s preferred pharmacy. Statins shown in this table are available on a member’s UnitedHealthcare Medicare Advantage formulary.

<table>
<thead>
<tr>
<th>Formulary Tier</th>
<th>Statins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Atorvastatin</td>
</tr>
<tr>
<td></td>
<td>Rosuvastatin</td>
</tr>
<tr>
<td></td>
<td>Simvastatin</td>
</tr>
<tr>
<td></td>
<td>Pravastatin</td>
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<tr>
<td></td>
<td>Lovastatin</td>
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<tr>
<td></td>
<td>Fluvastatin</td>
</tr>
<tr>
<td></td>
<td>Amlodipine/Atorvastatin</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Ezetimibe-simvastatin</td>
</tr>
<tr>
<td></td>
<td>Livalo®</td>
</tr>
</tbody>
</table>

• *The care opportunity is addressed when a member with diabetes has at least one prescription fill for a statin or statin combination using their Part D benefit during the measurement year.*

3. Encourage members to use their UnitedHealthcare insurance card at the pharmacy to get the best value.

   Only prescription fills processed with the member’s UnitedHealthcare insurance card can be used to close this care opportunity. Samples or information on cash prescriptions can’t be submitted to CMS in supplemental files for Part D Star Ratings measures.

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2 Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.

4 The formulary and pharmacy network may change at any time.

5 Lowest copay of all tier levels.
Understanding Your PCOR: Pharmacy Detail Report (cont’d)

DMD16 High-Risk Medication (HRM)

Provides member detail on HRM

The information included provides detailed prescription information such as the HRM drug name, last fill date quantity, days’ supply, prescriber name and more.

Key:

Red (R): Permanent gap. Member has exceeded the threshold for maximum number of fills/duration/dosing allowed by the HRM measure.

Yellow (Y): Member is at risk for a gap. Member has at least one prescription fill of an HRM. This will remain yellow through the end of the year because the member has at least one prescription fill of an HRM.

Green (G): Green isn’t applicable for this measure during the year.

Call to action:

1. Please consider discontinuing HRM(s) and prescribing safe alternative(s). See the HRM Rx Alternatives tab in your PCOR.
2. If you’re not the prescribing physician, consider addressing this open care opportunity with the prescriber and discuss safer medication alternatives for your patient.
3. Know your HRMs. Please avoid starting your patients ages 65 and older on HRMs when appropriate.

Contact us to learn more. For more information about how our programs can help support your patients who are UnitedHealthcare Medicare Advantage plan members, please contact your UnitedHealthcare representative.